

COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1950

JOHN INNES, M.D., D.P.H.
Medical Officer of Health
and School Medical Officer.

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PUBLIC HEALTH OFFICERS

DECEMBER, 1950

Medical Officer of Health, School Medical Officer,

JOHN INNES, M.D., D.P.H.

Deputy Medical Officer of Health :

NORA MILLS, M.D., D.P.H.

*Assistant Medical Officers :*ALVA A. FORD, M.B.E., M.B., B.S., M.R.C.S.
L.R.C.P. (M. & C.W.)MARGARET L. DENNIS, M.R.C.S., L.R.C.P.
(Sch. Med.)MARGARET E. BURNS-PRICE, M.B., Ch.B.,
D.P.H., (M. & C.W. & Sch. Med.)*Lay Administrative Officer :*

S. BUTTERWORTH

Chief Sanitary Inspector :

A. TURNER, C.S.I.B., A.R.S.I.

Senior District Sanitary Inspector :

A. SYMONS

District Sanitary Inspector :

J. GAWTHORPE

Meat and Foods Inspector :

J. HAMNETT

Sanitary Inspectors :

J. PEARSON

K. E. SMITH

T. J. P. HENDRY

A. HOLT

Superintendent Nursing Officer :

A. HANSBURY, S.R.N., S.C.M., H.V.cert.

Health Visitors (Maternity and Child Welfare) :

S. H. BARLOW

E. M. MASSEY

E. PICKUP

W. REEVE

I. RUSHTON

J. SANDERSON

F. THORNTON

Z. TIERNEY (Student)

N. WHITELEY

Health Visitors (Tuberculosis) :

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E. M. MOODY

Senior Dental Officer :

H. P. GLEDSDALE, L.D.S.

Dental Officer :

R. J. G. YOUNG, L.D.S.

Dental Attendants :

G. PETRIE

J. M. COCKCROFT

Matron, Day Time Nursery :

E. RANKIN, S.R.N., S.R.F.N.

Duly Authorised Officers :

W. BEELEY

W. KERSHAW

Mental Health Visitor :

JOAN R. LAMBERT

Occupation Centre Superintendent :

MRS. I. TAFTS

Ambulance Officer :

E. OSBALDESTON

Social Worker :

Mrs. E. H. WINTER

*District Nursing Association :*Superintendent—E. M. FELSTEAD, S.R.N.,
S.C.M., Q.N.

Asst. Super.—B. A. N. ALLWORK, S.R.N., Q.N.

Municipal Midwives :

W. U. CARR

G. CUSHEN

G. DOWD

M. C. GROARKE

M. L. HARRISON

K. E. HAZELDINE

H. HERNON

W. HOLT

H. O. MITCHELL

K. WHELAN

Clinic Nurses :

H. CUNNINGHAM

J. MOSELEY (Part-time)

M. A. BRIERLEY (Part-time)

PART TIME OFFICERS

Ophthalmic Surgeons :

PHILIP HARRY, M.D., D.P.H.

R. STEWART SCOTT, M.B., CH.B., D.O.M.S.

Tuberculosis Physician :

ALBERT H. HEYWORTH, M.B., CH.B., D.P.H.

E.N.T. Surgeon :

V. T. SMITH, M.D., F.R.F.P.S.

Public Analyst :

S. E. MELLING, F.I.C.

Family Planning Medical Officer :

HELEN E. BARLOW, M.B., CH.B.

To the Chairman and Members of the Health Committee of the County Borough of Rochdale.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health conditions in the County Borough of Rochdale and the work of the Public Health Department for the year 1950.

The first portion of this Report is as usual statistical in character. The Registrar General's estimate of the population, with an increase of 600 over 1949, moves steadily nearer to the 90,000 figure, last recorded in 1939.

The birth rate and the death rate are both approximately the same as last year and they show a balance of only 55 births over deaths.

More than half of the deaths were due to diseases of the heart and blood vessels, and 60% of the total deaths occurred in persons over the age of 65 years.

It should be noted that this year the Registrar General has altered the grouping of certain classified deaths and, therefore, the sub-totals are not always strictly comparable with 1949 figures.

The maternal death rate is also the same as last year, but the infantile mortality rate has risen considerably as compared with 1949 and is about 25% above the figure for 1948, which was the lowest figure ever recorded in Rochdale. The increase is most marked in deaths due to premature birth. The majority of the children dying in this group did not survive more than 24 hours.

The incidence of infectious diseases as a whole has considerably increased as compared with last year. The weight of this increase, is however, concentrated on Whooping-cough and Measles, both of which had approximately double the number of cases as compared with the previous year. Most of the other diseases showed moderate reductions, but Scarlet Fever had only half the number of cases compared with the previous year.

As expected, deaths from Pulmonary Tuberculosis showed a considerable increase as compared with the phenomenally low figure recorded in 1949, but the death rate is still in line with the general tendency to decrease shown over the last long period of years.

For the first time comment appears in this Report on a twelve months' record of sickness in the town. It is true that these morbidity rates, as distinct from mortality rates, are unanalysed, but they do show the general tendency throughout the year. On the whole the figures for 1950 reflect the effect of general weather conditions upon health.

In the Child Welfare Department the success of the Student Health Visitor Scheme adopted in 1949 was evidenced by the Health Visitor staff being built up to full strength. Both in this Section and in the School Medical Department, arrangements have improved for the reference of children to Specialist Services outside the Local Authority Service.

The depressing effect of the Poliomyelitis scare upon Diphtheria Immunisation is commented upon. In spite of this a considerable increase in the number of children immunised against Whooping-cough is recorded. The practical disappearance of Diphtheria and the continuing presence of Whooping-cough in the experience of the mothers are also significant factors in this matter.

Two important developments are noted in the Midwifery Section. The Local Authority medical staff has taken over supervision of two Ante-natal Clinics, one of these being for the special use of Midwives' cases, the other being a routine clinic previously conducted by Regional Hospital Board staff. It is interesting to re-read the following excerpt from my 1936 Report, which recorded the appointment of one Medical Officer to be in charge of Ante-natal work in the town and Maternity work in the Municipal Hospital—"The criticism most frequently made, that Ante-natal Schemes, as organised by Local Authorities, are under Medical Officers who do not carry out active midwifery, cannot, so far as this Borough is concerned, again be offered". The disruptive effect of the National Health Service Act, 1946, had not then been foreseen.

The other step is in the opposite direction, whereby arrangements are being made for co-operation between Birch Hill Maternity Hospital and the Rochdale Health Committee in providing a complete Midwifery Training School.

The Report contains two specially expanded sections, one dealing with the Care of the Unmarried Mother and the other with Re-housing of Tuberculous Persons.

At the end of the year the Daily Guardians Scheme was drastically curtailed in order to bring it into line with the regulations that payments made to guardians must only be in the nature of a nominal fee for registration. The effect of this has yet to be seen. Dealing with the same group of children, the Day Nursery is to be continued in that capacity until March, 1953.

In the Sanitary Inspector's section the first report of the Housing Survey is presented in an interim form and an announcement is made of the re-commencement of atmospheric pollution observations.

Taken altogether, the year has been a more satisfactory one than its predecessor. There was a general feeling of some degree of order being restored out of the confusion of recent social legislation. Unfortunately, under the present circumstances, the process of rehabilitation is bound to be a very slow one, particularly if building or even alteration of existing building is concerned. For instance, our Occupation Centre for Mental Defectives, which should have been opened in mid-year, was not ready for opening until early in 1951. Still more unfortunately, few are yet prepared to recognise the importance of preventive medicine as compared with curative medicine in terms of finance. Preventive medicine lies with Local Authorities where the demand for economy is louder and where any departure from economy is more readily seen. The dramatic results of curative medicine make popular headlines. The victories of preventive medicine can too often only be expressed in statistical tables; dull reading for the general reader.

It will be noted that during the year only 151 new houses have been built by the Corporation. There appears to be little evidence of improvement in this most important contribution towards social well-being. Another stumbling block is the continuing difficulty of getting essential repairs done to the lower rented houses.

In common with all the other Corporation Departments, a review of the establishment of this Department took place during the year, which resulted in some movement of staff in order to fit in with the stage reached by the developing Services.

Comment is made elsewhere in this Report that malnutrition because of financial inability to buy sufficient food is a thing of the past. This may have been true at the end of 1950, but there is already evidence that either in this direction or in certain other essentials, a state of imbalance is being reached again. An example is quoted of the high price of children's footwear re-acting unfavourably upon the condition of the children's feet. The announcement this week that a man must work a whole week to earn enough to buy himself a pair of shoes came as an unpleasant shock to many.

Once again I welcome this opportunity of expressing my thanks to the Chairman and Members of the Health Committee for their keen interest in the work and administration of the Department, and to all members of my staff for their valuable and loyal support during the year. In particular, my thanks are due to those senior officers who assisted in the preparation of this Report.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

John Lums.

Medical Officer of Health
and School Medical Officer.

26th June, 1951.

STATISTICS.

Year ended 31st December, 1950.

Area (in acres)	9,553
Registrar-General's Estimate of Population, mid-year, 1950 ...	89,530
Number of Inhabited Houses (Census 1931)	25,487
Number of Houses on Corporation Estates (December, 1950) ...	4,845
Number of Houses on Corporation Estates (December, 1949) ...	4,694
Estimated sum represented by a Penny Rate	£2,190
Rateable Value	£557,556
Estimated expenditure of Health Services provided for by rates ...	£46,723

	Total	M.	F.
Live Births —Legitimate	1,287 ...	662 ...	625
Illegitimate	84 ...	45 ...	39
	<u>1,371</u>	<u>707</u>	<u>664</u>

Birth-rate per 1,000 of the estimated population ... 15.3

Still-Births 38—Rate per 1,000 total (live and still) births ... 27

	Total	M.	F.
Deaths	1,316 ...	671 ...	645

Death-rate per 1,000 of the estimated population ... 14.7

Deaths from Maternal Causes 3.

Rate per 1,000 total (live and still) births 2.13

Death-rate of Infants under one year of Age (64 deaths).

All infants per 1,000 live births	47
Legitimate Infants per 1,000 legitimate live births	45
Illegitimate Infants per 1,000 illegitimate live births	71

	Deaths	Rate per 1,000 of population
Cancer	185	2.07
Tuberculosis (all forms)	42	0.45

VITAL STATISTICS.

Population.

The Census Return of April, 1931, gave the population as 90,278 and in June, 1938, the Registrar General's estimate was 91,290.

The figure of 89,530 is given by the Registrar General as the estimate of the population at mid-year 1950, as compared with the figure of 88,930 for 1949.

Live Births.

1,371 live births (males 707, females 664) were registered as compared with 1,362 in 1949 and an average of 1,345 for the ten years 1940-1949.

The live birth-rate was equal to 15.3 per 1,000 of the estimated population as compared with the figure of 15.3 per 1,000 in the previous year and 17.0 in 1948. The average birth-rate for the ten years 1940-1949 was 15.8 per 1,000.

The 84 births registered as illegitimate accounted for 6.1% of the total births, as compared with 6.7% in 1949 and an average of 7.1% during the previous five years.

Still Births.

38 were registered as compared with 39 in 1949 and an average of 47 in the previous five years.

Deaths.

The deaths registered show a decrease with 1,316 (males 671, females 645) as against 1,320 in the year 1949 and 1,245 in 1948.

The death-rate from all causes was 14.7 per 1,000 of the estimated population, as compared with 14.8 in 1949, and an average of 15.6 during the ten years 1940-1949.

The chief causes of death are given in comparison with the previous year.

	Year 1950	Year 1949
Influenza	5	13
Tuberculosis	42	19
Cancer... ..	185	203
Cerebral Haemorrhage, etc.	181	188
Heart Disease	421	341
Other Circulatory Diseases	74	120
Bronchitis	98	121
Pneumonia (all forms)	43	36
Nephritis and Nephrosis	16	25
Congenital Malformations	10	18
	<hr/> 1,075 <hr/>	<hr/> 1,084 <hr/>
Percentage of total deaths	81.7	82.1

Table I Appendix shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix shows the age and sex distribution, and the causes of deaths in 1950.

More important than these total figures and rates are the following facts set out in tabular form :—

Percentage of Deaths in Year Groups, distributed according to age at Death.

Age Group	1911	1921	1931	1941	1950
Under 15 years	31	20	11	8	6
15—45 years	17	15	13	11	6
45—65 years	26	30	32	27	27
65 years and over	25	34	44	53	61

Infant Mortality.

There were 64 deaths registered under one year of age, equal to a mortality rate of 47 per 1,000 live births registered, compared with 56 deaths and a rate of 41 last year.

The Table given below shows the comparative figures for the previous ten years :—

Year	Deaths Registered	Rate per 1,000 Nett Live Births	Year	Deaths Registered	Rate per 1,000 Nett Live Births
1940	96	89	1945	56	44
1941	76	67	1946	75	49
1942	90	71	1947	95	55
1943	58	46	1948	57	38
1944	67	50	1949	56	41

The most important single factor in infantile mortality continues to be deaths amongst the children born prematurely. In particular, it is this figure which loads so heavily the neo-natal mortality, i.e. deaths of infants in the first four weeks after birth.

The standard of prematurity is now the infant's weight at birth, irrespective of the reputed period of gestation. All infants weighing not more than 5½ lbs. at birth are regarded as premature infants. For this purpose, therefore, the birth notification card now includes the weight of the infant at birth.

The following Table shows that during the year 106 children were born prematurely in the town, of whom 32 died. It is clearly shown that the infant most seriously at risk is the one who is at birth under 3 lbs. in weight. The tremendous improvement in this year's neo-natal mortality which would have been achieved by even a moderate increase in the length of these pregnancies is apparent. Once again the Table clearly indicates that the main line of attack upon the present level of infantile mortality is through the health of the mother during the pregnancy.

Out of 29 premature births 17 mothers had attended the Ante-natal Clinic, although three of these only attended on one occasion.

Premature births during the year, 1950

Birth Weight	DEATHS					Surviving at year end	TOTALS
	In first 24 hours	24 hours to 7 days	7 to 28 days	28 dys. to 3 mths.	3 mths. to 1 yr.		
Under 3 lbs.	13 (13)	4 (3)	—	—	—	—	17
3—4 lbs.	4 (3)	2 (2)	—	—	1	9	16
4—5½ lbs.	4 (4)	2 (2)	—	2	—	65	73
	21 (20)	8 (7)	—	2	1	74	106

The figures in brackets indicate the deaths of premature children which occurred in Birch Hill Hospital.

Comparative Mortality and Birth-rates.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE ...	14.7	15.3	47
126 County Boroughs and Great Towns ...	12.3	17.6	34
148 Smaller Towns (Population 25,000 to 50,000) ...	11.6	16.7	29
ENGLAND AND WALES	11.6	15.8	30

These provisional figures are corrected only for transfer and institutions and make no allowance for variations in the age and sex distribution of the population in different areas.

Respiratory Diseases.

This group of diseases caused 153 deaths as compared with 179 in 1949. Pneumonia caused 43 deaths (36), Bronchitis 98 deaths (121) and other respiratory affections 12 deaths (22).

Cancer.

Deaths classified to this cause and shown in age groups below numbered 185 (males 103, females 82) as against 203 in the previous year:—

	Total Deaths	Under 15 yrs.	15—45 years	45—65 years	65 years and over
Year 1950 ...	185	—	15	73	97
Year 1949 ...	203	1	9	71	122

The death rate was 2.07 per 1,000 as against 2.28 per 1,000 of the estimated population for the previous year.

From the beginning of the century up to 1940 there was a fairly steady and quite definite increase in the death rate from Cancer. In 1901 the rate was 0.80 and in 1940 it had risen to 2.20. Since 1940, in spite of minor fluctuations, there has been no general alteration in the level of the death rate.

Morbidity.

As mentioned in last year's Report, the Department began to receive from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefits. It is pointed out in the first place that these records are un-analysed and that they cover the postal districts of Whitworth and Milnrow, as well as Rochdale itself.

For the year these figures show a concentration of sickness in the months of January, February and March, tailing off very quickly at the Easter holiday. The period from then to the end of August shows a general decline in the rate of sickness and from the beginning of September onwards to mid-December there was a steady though comparatively small increase in the rate, falling off just at the Christmas holiday period.

The figures, would appear for this first year to reflect the effect of general weather conditions upon health rather than a particular epidemic onslaught on the population. It is interesting to note that this latter factor is shown very clearly in the first month of 1951 and it already appears that these two years will provide an interesting comparison.

Unemployment.

I am indebted to the Manager of the Rochdale Employment Exchange for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth and Milnrow.

The average number of unemployed persons on the register during the year ended 31st December, 1950, was as follows:—Men 133, Women 69 and Juveniles 1, making a total of 203. The corresponding figures in 1949 were Men 145, Women 45 and Juveniles 13, totalling 203.

I am also informed that at the middle of 1950 there were approximately 55,450 insured persons (30,400 Men, 21,900 Women and 3,150 Juveniles) in employment in the area.

General Provision of Health Services.

Clinic and Treatment Centres.

The hours of clinic sessions and the situation of centres are as shown :—

	Mon.	Tues.	Wed.	Thurs.	Fri.
I.—Maternity & Child Welfare					
(A) St. Luke's School, Deepish	10—12 noon 2—4 p.m.	—	—	—	—
(B) St. Clement's School Spotland Bridge ...	—	10—12 noon 2—4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School	—	—	2—4 p.m.	2—4 p.m.	10—12 a.m.
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	10—12 a.m. 2—4 p.m.
(F) Ante Natal (Baillie St. Council School)	10 a.m. to 11-30 a.m. 2—4 p.m.	5-30 to 7-0 p.m.	10 a.m. to 11-30 a.m.	10 a.m. to 11-30 a.m.	—
(G) Post Natal (Baillie St. Council School)	—	—	—	—	2-30—4 p.m.
(H) Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	—	—	—
II.—Clinics Provided by the Education Committee—					
(A) Inspection Clinics	9—12 noon	—	2—5 p.m.	—	9—12 noon
(B) Treatment Clinics	Daily 9—10	30 a.m.			
(C) Eye Clinic	Specialist	Clinics by arrangement			
(D) E.N.T. Clinic					

The work in connection with the Corporation Clinics is set out in detail in the respective sections in this Report.

HOME NURSING.

During the year Rochdale continued to carry out its responsibility as a Local Health Authority for Home Nursing through the agency of the Rochdale District Nursing Association.

The Association continues to function as a Voluntary Committee in domestic and many other matters concerned with the welfare of the Nurses' Home and the staff. Such control as is necessary, and full liaison, is provided by the regular attendance of members of the Health Committee on the Association's Executive Committee and of members of the Association's Committee on the Sub-Committee of the Health Committee which deals with Domiciliary Services.

The Association's Report for the year shows that they nursed a total of 2,393 patients to whom 59,082 visits were paid. The following is a summary of the work done during the year :—

	1950	1949
All forms of Nursing.		
Patients on the books 1st January	332	257
New patients during the year	2,061	1,645
Total nursed	2,393	1,902
Total discharged	2,028	1,570
Remaining on books 31st December	365	332

Methods of Discharge.

Convalescent	1,163	749
Removed to Hospital	317	263
Relieved	257	284
Died	291	274
Total visits paid to 2,393 patients	59,082	
Total visits paid to 1,902 patients		55,547

Included in the above figures for 1950 are the following patients who suffered from Infectious Diseases :—

	Patients	Visits
Ophthalmia Neonatorum	1	16
Measles	9	76
Erysipelas	3	22
Puerperal Pyrexia	9	115
Pneumonia	111	1,649
Tuberculosis	22	808
Total	155	2,686
Maternity Cases	46	521
Children under 5 years... ..	191	1,865

Many letters and other expressions of appreciation of the work of the nurses continue to be received at the Nurses' Home, and the Health Committee is very conscious of the valuable assistance it receives from the Association.

At the end of the year the nursing staff of the Association consisted of the Superintendent, one Assistant Superintendent, seven fully trained District Nurses and four candidates under training, one Male Nurse and nine Part-time Nurses.

It is to be noted that the Association's Headquarters at Sparrow Hill are designated as a "Key Training Centre" by the Queen's Institute of District Nursing.

Ambulance Service.

During the year various improvements mentioned in last year's Report have been completed and certain adjustments made as experience suggested.

Discussions have taken place about the working of the service and reports have been presented both on personnel and on vehicles. A slight increase in staffing to cut down the amount of overtime, the replacement of one old ambulance by a sitting case car and the replacement of two 8 h.p. cars used in the Midwifery Service by 10 h.p. cars, are some of the items under discussion and likely to become effective next year.

The fleet now consists of five ambulances, one dual-purpose vehicle and two small cars which are largely used in connection with the Midwifery Service and various Depot and Office Duties. The personnel consists of one Ambulance Officer, 22 Drivers and Attendants, and two Telephonists.

The Table below shows the work done by the Service this year compared with last year. Mileage and journeys are both increased in every direction and the number of patients carried represents practically a 50% increase on 1949.

					Borough		County & Others	
					1950	1949	1950	1949
AMBULANCES :								
Journeys	...	...	...	...	12,052	9,943	38	258
Mileage	...	...	...	...	70,990	65,185	752	2,787
Ordinary Removals (Journeys)	...			...	11,055	9,020	21	235
Sudden Illness (Journeys)			...	...	283	249	2	—
Accidents (Journeys)	...	...		...	714	674	15	—
Patients carried	...	...	...	...	14,691	11,222	38	265
SITTING CASE CARS :								
Journeys	...	...	...	...	1,150	404	1	—
Mileage	...	...	...	...	11,577	4,257	10	—
Midwifery Service—								
Journeys...	...	...	...	...	5,656	6,163	—	—
Mileage	...	...	...	...	22,590	23,429	—	—
General Transport—								
Journeys...	...	...	...	...	1,270	1,096	—	—
Mileage	...	...	...	...	4,991	4,083	—	—
DUAL PURPOSE VEHICLE :								
As Sitting Case Car—								
Journeys...	...	...	...	...	473	161	—	—
Mileage	...	...	...	...	10,020	2,756	—	—
Patients carried...	...	...	...	...	751	224	—	—
As General Transport—								
Journeys...	...	...	...	...	712	253	—	—
Mileage	...	...	...	...	2,994	1,147	—	—

Laboratory Facilities.

Throughout the year the bacteriological examination of Milk, Water and Ice-cream has been carried out at the Public Health Laboratory at Monsall Hospital, Manchester.

Individual specimens from individual patients are still referred to the local Hospital Laboratories from which information of epidemiological importance is passed either to the Public Health Laboratory or to the Medical Officer of Health, or to both.

In March investigation of a case of Typhoid Fever was referred to the Public Health Laboratory. In all, 15 reports were received from the Laboratory under this heading, together with 24 reports on various other specimens.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst.

Hospitals.

The hospital services in the district provide 1,315 beds for patients as shown below :—

Birch Hill Hospital—General Medical and Surgical	...	833	beds
Birch Hill Hospital—Maternity	... ..	58	„
Marland Hospital—Infectious Diseases and Chronic Sick		140	„
Springfield Sanatorium—Pulmonary Tuberculosis (females)		40	„
Wolstenholme Pulmonary Hospital—Pulmonary Tuberculosis (males)	... ..	53	„
Rochdale Infirmary—General (chiefly surgical)	... ..	109	„
Rochdale Children's Orthopædic Hospital	... ..	50	„
Lake View Hospital for Children	... ..	32	„

Maternity and Nursing Homes.

At the end of the year there was one dwelling house registered as a Maternity Home and one as a Nursing Home for medical and surgical cases :—

78 Louise Street—three patients—Maternity ;

183 Drake Street—ten patients—Medical and Surgical ;

These Homes were visited during the year by the Medical Officer and were reported upon as satisfactory.

Maternity and Child Welfare

Notification of Births—Public Health Act, 1936.

There were 1,378 births notified as belonging to Rochdale—1,376 by midwives and two by doctors. These figures include 744 births occurring at Birch Hill Maternity Home and classified to Rochdale.

Health Visitors.

Until June, 1950, when the Health Visitors were still numbering four full-time and one part-time worker, their duties were limited mainly to Maternity and Child Welfare work, and attendances at Clinics and Nursery Schools, but with the return after that period of the Student Health Visitors, fully qualified, it was possible to expand their field of work to include follow-up duties and home visitations for Infectious Diseases.

With this increase of Health Visitors to eight full-trained workers by December, the number of home visits has steadily risen. It has been possible to devote more time to the supervision of the nursing mothers and to their instruction in mothercraft and breast feeding. Problems of feeding are still the most commonly met, very often raised by the mother herself, but also very frequently detected by the Health Visitor. It is still difficult to persuade the working class mothers to breast feed for more than two or three weeks, the excuse most frequently given being that the milk 'went thin' or 'went back'.

It has also been possible to keep all the three groups of children under five under closer observation and to visit them more often either in their own homes or in the homes of those in whose care they are during the day. In addition to the primary visits to new born children 10,809 further visits were made to these groups of children as compared with 7,864 in 1949.

Visits to expectant mothers were decreased because the Midwives have been given the duty of inspecting the homes where admission has been sought to Birch Hill Maternity Hospital for confinement on the grounds of unsuitability of housing conditions.

During the year the Health Visitors paid a total of 14,316 visits mainly to the homes of nursing mothers and children under five years of age. They are also in regular attendance at the Welfare Centres, at the Ante-natal and Post-natal Clinics, at the Nursery Schools and at the Day Nursery, as well as visiting the Industrial Nurseries in the town.

The following list summarises the Health Visitors' work, both in respect of Home Visiting and of attendances at these Clinic sessions and Nurseries :—

Primary visits to births	...	...	...	...	1,329
Primary visits re stillbirths	...	...	...	...	29
Subsequent visits to infants under 1	...	...	...	...	2,698
Subsequent visits to infants and young children—1-2 years	...	...	...	...	2,239
Subsequent visits to young children—2-5 years	...	...	...	...	5,872
Ante-natal cases	...	...	...	...	31
Maternal and Infant Deaths	...	...	...	...	38
Daily Guardians, etc.	...	...	...	...	82
Infectious Diseases	...	...	...	...	93
Incomplete Visits	...	...	...	...	1,900
Sanitary Defects	...	...	...	...	6
					<hr/> 14,316
Ante-natal and Post-natal Clinics	...	...	...	...	197
Child Welfare Clinics	...	...	...	...	891
Castleton Day Nursery	...	...	...	...	88
Nursery Schools	...	...	...	...	62
Industrial Nurseries	...	...	...	...	7
					<hr/> 15,561 <hr/>

Child Welfare Centres.

With the increase of Medical Officer and Health Visitor staff, it has been possible to restore the number of weekly sessions at the five Child Welfare Clinics to ten per week.

In spite of the increase in Health Visitor staff there has been a further drop in the attendances at the Child Welfare Clinics. This has been going on steadily since 1947, which was a peak year. The attendances in that year were probably to some extent artificially bolstered up by the difficulties in obtaining dried milk other than through the Clinics. Nevertheless, the continued falling off of attendances gives cause for further enquiry. It is, of course, true that the increase in Health Visitor staff was mainly at the end of the year and most of them have not yet completed a survey of the districts allocated to them. It may be, however, that our ideas on the subject of Child Welfare Clinic attendances will have to be drastically altered.

The background against which these Clinics must be viewed has altered considerably since before the war. There is, no doubt, a general raising of the standard of education amongst the present mothers and they have available to them many more sources of information than had their predecessors. Most women's magazines run articles on mothercraft of a highly practical nature and often in very easily assimilated form. The broadcast programmes also

contain useful information in a suitable form and at suitable times. Besides these there is a great deal of useful hints contained in advertising matter attached to a host of proprietary articles designed for baby's use. It is probably true to say today that what is most often required is to show the mother how to translate into practical form the theoretical information which she has picked up. With ample time, much of this can be done in the Clinics, but some is probably better carried out in the homes.

The following Table shows the attendances at the Clinics during 1950 :—

Centre	New Cases admitted during 1950	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		under 1 yr.	1—2 yrs.	2—5 yrs.		
(a) Baillie Street * (Wardleworth)	138	1,843	464	421	† 27 (32)	1,001
(b)*St. Luke's ...	227	3,481	857	553	51 (56)	1,988
(c)*St. Clement's ...	162	2,897	1,144	830	49 (53)	1,759
(d) Baillie Street *(Castleton) ...	178	2,103	556	381	31 (37)	1,300
(e) *Castleton ...	123	1,819	678	773	34 (32)	1,076
(f) Norden ...	43	784	342	337	30 (28)	567
Totals ...	871	12,927	4,041	3,295	—	7,691
Corresponding Figures 1949 ...	873	14,742	4,162	3,036	—	6,366

* Two Clinic Sessions per week. † Figures in brackets are for 1949.

The decrease in the attendances of infants under one year, as compared with the same age group in 1949 (12,927 against 14,742) is probably largely due to the severe winter conditions experienced. The heating arrangements also at some of the Clinics, most marked at St. Luke's, have been poor since the coal reduction. This factor has not been conducive to mothers bringing their small babies out on very cold and wet days for weighing and general supervision. The attendances of the older group of children (2-5 years) were, however, slightly increased.

The Medical Officer's examinations actually increased from 6,366 to 7,691. The number of children who attended for the first time and who at the date of their first visit were under one year of age was 829 or 60% of the notified live births, as against 59% in 1949.

Measles, Whooping Cough, Scarlet Fever, Bronchitis and Colds have been slightly increased during the year, but on the whole, apart from a few ill-effects due to error in feeding, the general health and nutrition amongst the infants and young children attending the Clinics has been very satisfactory and well maintained.

A factor which once again must be remembered is the growth of Nurseries in factories and mills in the town. At the end of the year there were 408 children under five accommodated at 10 Nurseries as compared with 146 children under five accommodated at 3 Nurseries at the end of 1947.

Medical records of children attending these Clinics are subsequently transferred to the School Medical Services Clinic with which close liaison continued for such things as regular dressings, dental treatment and for conditions of the Ear, Nose and Throat, and Eyes.

The members of the Ladies' Executive Committee and co-opted voluntary helpers have continued to render very valuable and pleasant assistance at the Clinics, besides providing representatives to sit on the Domiciliary Services Sub-Committee.

Orthopaedic Clinic.

Children suffering or suspected of suffering from Orthopaedic and postural defects continued to be sent to the Smith Street Clinic now maintained by the Rochdale and District Hospital Management Committee.

Following on the appointment of Mr. A. P. Gracie as Consultant Orthopaedic Surgeon to the Hospital Group an early opportunity was taken of discussing with him the various types of Orthopaedic and postural defects which should be dealt with either by the Health Authority's staff or by his Department.

During the year 101 children under five years of age were referred to this Clinic.

Provision of Milk and Food Preparations.

The Local Health Authority's Scheme for Milk and Food Preparations is now largely confined to special cases. The ordinary distribution of Welfare Food products is sufficient to deal with routine cases.

Closest contact is maintained between the Maternity and Child Welfare Clinics Services and the Welfare Foods Office. The Clinics are utilised as distribution centres with staff allocated from the Welfare Foods Office.

Diphtheria Immunisation.

During the year 816 children under five received a course of immunisation. In 1949 the number immunised in this group was 1,204 and in 1948 it was 1,049.

The following Table shows immunisation in relation to child population under five years :—

Age at 31/12/50 i.e. born in year	under 1 1950	1 1949	2 1948	3 1947	4 1946
Number immunised	307	601	721	878	952
Estimated mid-year child population 1950	Children under five 6,942				

It is a matter of great regret that the steady progress of Diphtheria immunisation was interrupted by injudiciously broadcast information of the probable danger of precipitating Poliomyelitis by injections. Unfortunately people heard of it who only read banner headlines, as well as those who read and understood the full message in its proper perspective. It was taken as a warning by the public in areas where there was no Poliomyelitis as well as in areas with many cases.

In Rochdale in the whole of 1950 there were only three cases of Poliomyelitis, yet the effect of this warning was to reduce the figures for immunisation of children under five to roughly two-thirds of those for the previous year. This reduction was much more marked in the second half of the year, i.e. after the Poliomyelitis scare, than before. The actual figure for the first half of the year was 478 as compared with 580 in 1949, whilst in the second half of the year the figure was only 338 as compared with 624 in 1949.

Whooping Cough Immunisation.

By the end of 1949 the scheme for this type of immunisation had been put on all fours with that for Diphtheria, including immunisation at the Clinics and by the family doctor. During the year 625 children received a full course of three injections, as compared with 194 the previous part year. Of this number 130 children were immunised by their own doctors.

Ante-Natal and Post-natal Clinics.

There are now five Ante-natal sessions and one Post-natal session per week, all held at Baillie Street Council School.

One of the Ante-natal Clinic sessions and the one Post-natal Clinic session are Specialist Clinics conducted as such by Dr. K. A. Evans in his capacity as Consultant Obstetrician to the Hospital Group.

Two of the Ante-natal Clinics are conducted by the Local Authority's Child Welfare Officer and one of these is primarily arranged so that the Midwives may bring to it their own booked cases.

As a result of this re-arrangement the various duties performed at the Ante-natal Clinics are more clearly defined. Thus there are now separate sessions for routine supervision, for consultations and for the booking of maternity hospital beds. The admission of women to these beds still continued on a priority basis, although there has been some relaxation as compared with the previous year.

The numbers of women attending these Clinics are set out in the following summary :—

		Rochdale Borough		County Districts		Total	
		1950	1949	1950	1949	1950	1949
(1) ANTE-NATAL CLINICS							
(a) No. of Expectant Mothers attending (New Cases) ...	Baillie St.	1,239	758	116	113	1,355	871
(b) No. of attendances (Old and New Cases) ...	Baillie St.	6,639	5,467	682	966	7,321	6,433
(c) Average attendances per clinic session ...	Baillie St.	26.9	26.8	2.7	4.7	29.6	31.5
(2) POST-NATAL CLINIC							
(a) No. of Mothers attending (New Cases) ...	Baillie St.	370	387	65	85	435	472
(b) No. of attendances (Old and New Cases) ...	Baillie St.	399	418	67	87	466	505
(c) Average attendance per clinic session ...	Baillie St.	8.1	8.5	1.4	1.8	9.5	10.3

The 1,239 Rochdale patients who attended for the first time at the Ante-natal Clinics during the year represented 87% of the total notified live births and still births in the Borough, as compared with 54% in the previous year. In following up these patients the Health Visitors paid 31 home visits.

The very marked increase in Clinic attendances shown in the above Table reflects mainly the institution of the extra session for Midwives' cases. It does not indicate entirely an increase in the quantity of Ante-natal supervision in the town, but it does show an improvement in quality. The Ante-natal supervision formerly carried out by the Midwives either in their own homes or in the homes of their patients is now replaced by supervision in Clinic premises with all the necessary facilities and including examinations by the Medical Officer in charge of the Clinic.

Members of the staff of the Hospital Laboratories attend certain Ante-natal Clinics in order to carry out blood examinations, mainly Hæmoglobin Estimations on new cases. During the year 1,248 Hæmoglobin Estimations were performed. Blood Wasserman's are taken as routine in all new cases. 'Positive' or 'Suspect' cases are referred to the Consultant Venereologist.

Emergency Maternity Unit.

Under arrangements made by the Rochdale and District Hospital Management Committee this Unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Committee's area. The Service was called upon twice during the year.

Maternity Home.

There were 853 maternity cases admitted to the Maternity Home at Birch Hill Hospital from the County Borough area, as compared with 801 in 1949. The actual number of Rochdale women confined was 769 as compared with 791 in 1949. The number of babies born in the Maternity Home and classified to Rochdale was 744 live births and 25 still births, as compared with a total of 791 in the previous year.

DOMICILIARY MIDWIFERY SERVICE

During the year 11 Midwives gave notice of intention to practice in this Borough, 10 of whom were engaged as Domiciliary Midwives, while the remaining one was engaged in private practice. Comparative figures of the year's district midwifery work by Domiciliary Midwives are given in the following table:—

	Year 1950	Year 1949	Year 1948
Cases attended—as Midwife	583	474	610
as Maternity Nurse...	3	94	50
Visits during laying-in period—			
as Midwife	9,663	7,878	9,542
as Maternity Nurse	49	606	344
Ante-natal (Home Visits)	2,622	2,493	2,043
Ante-natal Clinic Visits	257	36	37
Miscellaneous Visits	10	80	206

The one Midwife in private practice attended 65 cases as Midwife during the past year and none as Maternity Nurse.

The staff of Domiciliary Midwives was continued during the year upon an establishment of ten. Although this establishment was discussed during the year, no alteration was made because of some uncertainties about the admission of cases to the Maternity Hospital and because the relationship between the Midwife and the General Practitioner in domiciliary midwifery has not yet been completely settled.

Attention is drawn to the very marked increase in the number of attendances of Midwives at the Ante-natal Clinics. This results from the establishment of the special Clinic, to which reference has already been made.

A car service is operated from the Ambulance Depot in connection with the Domiciliary Midwifery Service and these cars are also used for the transport of Gas and Air Analgesia equipment as required by the Midwives.

Nine of the Midwives on the staff are qualified to administer Analgesia and during the year 253 women have been given this form of relief from pain in childbirth.

Medical Assistance.

Midwives practising in the District requested the services of a Medical Practitioner in 89 maternity cases and in 31 cases of newly born children. The corresponding figures last year were 90 and 25 respectively.

Since July, 1948, the Local Health Authority has been responsible for paying the medical fees only where the General Practitioner is not already called upon to give these services to the patient under the terms of his contract with the Local Executive Council. During the year the number of cases concerned was 7, involving an expenditure of £26.

Maternity Outfits.

The Local Health Authority was required to include in its proposals under the National Health Service Act provision for the supply of sterilised accouchement sets, free of charge, to expectant mothers to be confined at home.

The Minister has advised that outfits should include the main dressings required at the confinement and during the lying-in period, and has prescribed the minimum requirements which the Local Health Authority is requested to make available.

Outfits of the required content are available at the Child Welfare Centres or through the Domiciliary Midwife, and during the year 615 such outfits have been issued.

Dental Service.

It had not been found practicable by the end of the year to make new or more complete arrangements for the dental care of expectant and nursing mothers, and of children under the age of five years. The arrangements between the Health and Education Departments for the services of school dental staff in this direction were continued, but this only resulted in the dental treatment of five expectant and nursing mothers, and 43 children under five years.

Puerperal Pyrexia.

Two cases of Puerperal Pyrexia were reported, neither of whom was removed to Hospital for treatment. Both made a satisfactory recovery. During the previous year also two cases were reported.

Maternal Mortality.

During the year three deaths were recorded as due to maternal causes with a maternal death-rate of 2.13 per thousand live and still-births.

Detailed reports upon cases of deaths due to or associated with maternal causes continued to be sent to the Ministry of Health.

One of these cases was a hospital booked case, one booked for domiciliary confinement and the other originally booked for domiciliary confinement was transferred to a hospital booking two weeks before confinement.

All three deaths occurred in the Maternity Wards of the local hospital.

The following figures show the Maternal Mortality rates per 1,000 live and still-births in other towns as compared with Rochdale :—

AREA	1950	1949	Average 5 years 1944-48
ROCHDALE	2.13	2.14	1.59
Average 12 neighbouring manufacturing towns ...	1.09	.90	1.73
Administrative County of Lancaster	1.01	.96	1.67
England and Wales ... ..	.86	.98	1.47

Ophthalmia Neonatorum.

Two cases were reported during 1950 as against one in 1949 and four in 1948. Neither of these cases showed any impairment of vision.

CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN

Since October, 1948, Moral Welfare work in the Borough amongst unmarried mothers and their illegitimate children has been directed by a Joint Case Committee, made up of members of the Domiciliary Services Sub-Committee and the Rochdale Welfare Mission. The Social Worker is on the staff of the Manchester Diocesan Council and practically all her time is taken up by Rochdale cases.

I am indebted to Mrs. E. H. Winter, Social Worker, for the following statistical report and general comments on the services provided during the period from the 1st October, 1948, to the 31st December, 1950 :—

NEW CASES :

Expectant unmarried mothers	...	...	...	...	...	57
After-care, unmarried mothers	...	...	...	...	...	59
Matrimonial and family problems	...	...	...	...	...	26
Children, adolescents, preventive	...	...	...	...	...	13
Total	...	...	...	...	...	155

TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	...	...	...	...	...	57
Living accommodation for mother and child	...	...	...	...	...	27
Accommodation for child only	...	...	...	...	...	11
Advice on affiliation, private agreements, tracing and interviewing putative fathers	...	...	...	...	...	52
Help with adoption	...	...	...	...	...	17
Advice and help to parents, etc., about difficult behaviour in children and young people	...	...	...	...	...	16
Material help	...	...	...	...	...	19
Advice on matrimonial problems	...	...	...	...	...	16
Investigations in this area for Social Workers in other areas	...	...	...	...	...	9
Investigations leading to no action	...	...	...	...	...	19

It should be pointed out that while the Joint Case Committee deals primarily with problems affecting the unmarried mother and her child, the basic problems involved are often intimately connected with those behind matrimonial and children's cases. For example, it is frequently the presence in a family of an illegitimate child which leads to difficulties between husband and wife; it is often the child from a broken home who grows up without moral standards and the child with emotional difficulties may later prove to be the unsatisfactory marriage partner. In practice it is impossible to classify cases into water-tight categories.

Of the 116 cases dealing primarily with the illegitimate child the following is a brief summary :—

Child kept by mother	62*
Child adopted	17
Child died	7
Child still-born	6
Miscarriage	1
Not yet born	4

* This number includes children living in normal homes, or in lodgings with the mother, and a few in Children's Homes.

In 19 cases there is no recent information and these have, therefore, not been classified.

The number of cases helped by the Committee does not comprise the total number of illegitimate births for the Borough.

Use of Maternity Homes.

Of the 57 applicants for help in finding ante-natal and post-natal accommodation, 37 were found vacancies in voluntary Maternity or Mother and Baby Homes. The Health Committee guaranteed fees subject to a fair contribution from the mother. As there is no such Home within the Borough, this has involved the co-operation of various moral welfare organisations which run these in other areas. The cost per head per week is between three and four guineas and where the fees are lower than this it is because local voluntary support in the area is sufficient to cover the difference.

Admission to Homes is most readily available in cases of first or second pregnancy when these are referred in good time. Here the mother has good physical care and a period of at least six weeks after the birth during which she receives training in baby-care. She has also an opportunity to make a considered decision about the future of her child. She can receive help with Adoption, the finding of suitable employment and accommodation for herself and the child, and always with that friendship which is so necessary for successful rehabilitation.

In some cases where the mother comes from a good family which will welcome and help to care for the child, there is less need for residential help. Many expectant mothers with a good home background prefer to leave home for a time in order to avoid gossip, and to have the child adopted as soon as possible. In practice the majority change their minds when the baby is born and are eventually allowed by the grandparents to return home with it.

It should be emphasised that Maternity Homes and Mother and Baby Homes do not exist primarily to facilitate adoption, but to serve the purposes outlined above.

Care of Mothers not Entering Homes.

There remain those mothers and expectant mothers who did not wish to enter Homes, or who were referred too late, or who, for various reasons, did not qualify for admission to those Homes having vacancies. These were helped to make the best possible arrangements in the individual circumstances. Many accepted the friendship offered and came for advice and help when needed. The kinds of long-continued help needed if a mother is to make a good home for her child are too varied to set down.

Facilities for dealing promptly with emergencies are lacking. The pregnant girl turned out of her lodgings, the mother referred from the Maternity Ward as having no lodgings to return to, the moral-defective mother of an ever increasing family of near-neglected illegitimate children, all these present problems for which the Public Assistance Institution used to offer the best solution. There appears now to be no specific alternative provision.

Of 19 European Volunteer Workers referred, most could be classified as emergencies at one time or another. Lodgings, ante-natal and post-natal accommodation, day or residential nurseries, have all been particularly difficult to obtain. The majority have nevertheless kept their children in spite of conditions bordering on real hardship.

There remains the hard core of the illegitimacy problem, involving those for whom the help offered is never enough and never in time, to whom a baby is merely a passing misfortune, whose background and history is such that adoption cannot be considered and yet who lack the wish or ability to care for their own children.

Co-operation with Other Areas.

In addition to the help received from various bodies in the placing of mothers in Maternity Homes, the valuable help is acknowledged of the Welfare Section of the Regional Office of the Ministry of Labour ; Medical Officers of Health ; Duly Authorised Officers ; Children's Officers ; Probation Officers and Moral Welfare Workers who have referred cases coming into the area, contacted relatives, interviewed putative fathers and reported on home conditions and family histories.

National Society for the Prevention of Cruelty to Children.

The work of this Society has again been found to be of great value and the Department acknowledges the assistance given by the Society's Local Inspector, Mr. Mitchell. Further details of this work will be found in the School Medical Report.

Children Neglected or Ill-treated in their Own Homes.

In August a Joint Circular was received from the Home Office and the Ministries of Health and Education, suggesting that some co-ordinating machinery should be set up in each area to deal with the problem of children neglected or ill-treated in their own homes. It was emphasised that the causes of such neglect and ill-treatment might arise in a wide variety of ways and that action would likewise range from prosecution to friendly advice.

Following the suggestions contained in the Circular, the Medical Officer of Health was designated as the officer to be responsible for this co-ordination in Rochdale. He was also to be responsible for arranging regular meetings of officers of the Local Authority and other Statutory Services and of local representatives of Voluntary Bodies.

The first of such meetings took place on the 1st November. The Local Authority Services were represented through the Education Department, the Welfare Services, Housing, Children's, Borough Treasurer's and Police Departments. The outside Bodies included the Hospital Management Committee, Probation Office, National Assistance Board, War Pensions Welfare Services and the N.S.P.C.C. The Health Department was usually represented by the Superintendent Nursing Officer, the Chief Sanitary Inspector and the Social Worker.

Even at the first two meetings a surprising amount of information was exchanged between the officers round the table about individual cases brought up by a particular officer. It should be emphasised that the Committee is co-ordinating and advisory only and that each Department retains its own rights with regard to action to be taken, either legal or otherwise. It was early apparent that Departments could offer help of which other Departments were unaware.

CASTLETON DAY NURSERY.

The number of children on the register in January was 65 and in December 57, as compared with 64 and 65 respectively in the previous year.

The Nursery has accommodation for 60 children and the staff comprises:—

- | | |
|----------------------|--|
| 1 Matron ; | 1 Assistant Matron (Trained Nursery Nurse) ; |
| 5 Assistant Nurses ; | 2 Nursery Nurses ; |
| 7 Student Nurses ; | 2 Domestic ; |

There was a slight falling off in attendance in September and October, eight children being absent in September from Measles and twelve in October from Measles and two from Whooping Cough.

The average daily attendance was 47.

Medical inspections were carried out regularly in rotation with the Nursery Schools. Altogether 135 medical inspections were made during the year and all the children examined were found to be quite healthy and their standard of nutrition very satisfactory, 61 being classified as of good nutrition, 73 of average nutrition and only one of poor nutrition.

There were 24 children referred for special treatment for the following conditions :—

Tonsils, Adenoids and Nasal Catarrh	...	...	...	6
Eye defects (Squint, Blepharitis)	...	...	...	2
Ear defects (Otitis Media)	...	...	...	3
Medical disorders (Rickets—2, Adenitis—2)	...	...	4	
Orthopædic defects	...	...	...	8
Dental caries	...	...	...	1

Nasal catarrh, as in the Nursery Schools, was found to be a common defect amongst the children in the Nursery.

Of the two children referred for Rickets, one was considered to be a mild case and was admitted into hospital for complete investigation. The condition in the other was considered arrested and needed no hospital investigation. Both children are now well, but are still kept under constant supervision.

Most of the Orthopædic defects discovered were due to muscle imbalance and a few to cramping of the toes from faulty footwear. These defects have now been satisfactorily adjusted.

Diphtheria immunisation was carried out on all new entrants who had not previously been immunised, but no Whooping Cough immunisation was carried out, as the mothers were getting this done at the Clinic prior to the children's admission to the Nursery.

There was an increase in infestation with nits during the year, 15 children being found to have nits in their heads as compared with 9 in the previous year. On the whole, however, the children have been fairly free from verminous conditions, as most of the mothers are responsive to advice from the Matron and co-operate with her in ensuring the cleanliness of their children's heads.

A Health Visitor is in attendance at all medical inspections and maintains a friendly contact with the Matron, thus securing liaison between the Nursery and the Health Visitors' district work.

The Matron maintains contact with the parents on matters relating to the health and care of the children.

DAILY GUARDIANS SCHEME.

The Scheme was again continued as part of our proposals under the National Health Service Act, but as from the 1st April, 1950, the amount of the fee payable to the Guardians was reduced from 4/-d. to 2/6d. per week. Subsequently, the Minister of Health requested that the method of administering the Scheme be reconsidered with a view to the payments to Guardians being made in the form of a monthly or quarterly nominal fee for registration, instead of on the basis of a weekly sum per child minded. It was felt that to adhere to the request would have the effect of reversing the previously expressed view of the Ministry that the time was not yet opportune for any alterations in any Welfare Schemes which would effect adversely the employment of females in industry. Nevertheless, after many attempts to resolve this situation during the latter part of the year, the existing Scheme had to be discontinued as from the 31st December, 1950. At this time there were 356 persons registered as approved Guardians to take 394 children. As from the 1st January, 1951, a fee of 10/6d. will be paid quarterly to women who are approved and registered as Daily Guardians.

CONVALESCENT HOMES.

As part of their arrangements for Care and After-care, the Health Committee have authorised that arrangements be made for Convalescent Home accommodation. During 1950 such accommodation was arranged for 76 adults and two children as follows :—

						Adults	Children
West Hill, Southport	...	...	...	...		39	—
Grey Court, Hest Bank	...	...	...	...		23	1
Parkside, Arnside	...	...	...	...		6	—
Others	...	...	...	...		8	1
						76	2

In practically all the cases the period of accommodation recommended is two weeks. On recommendation from the Convalescent Home concerned eight cases received extensions of one or more weeks.

The total cost of Convalescent Home accommodation was £256 9s. 6d. of which £76 1s. 1d. or 29.65% was recovered.

In addition, travelling expenses were paid in the cases of two adults, the amount involved being £1 5s. 7d.

Domestic Help Service

The Scheme which commenced in 1947 has continued to operate under the general direction of the Superintendent Nursing Officer. The trained nursing supervision thus afforded has made it possible for the limited resources of this Service to be apportioned more adequately amongst the urgent and non-urgent cases.

As previously stated a high percentage of the cases seeking assistance require it continuously and over a long period of time. There is a tendency for the number of elderly chronic sick persons seeking assistance to increase and many of them will require assistance as long as they remain in their own homes. Undoubtedly, many of these cases require attention beyond the present resources of the Service, such attention indeed as can only be obtained by admission to some type of hospital ward. Quite naturally they are reluctant to accept offers of further hospital accommodation which would in many cases mean a break-up of their homes.

Unfortunately, these cases could not be admitted to the Homes for the Aged under the care of the Welfare Services Department, where they would be expected to look after themselves to some extent.

Any attempt to assist the aged to live independent lives in their own homes as long as possible is a very worthy one and in this endeavour the Domestic Help Service must play its part so far as possible.

The problem of the care of the elderly and chronic sick is not peculiar to the Domestic Help Service, however, and in November a Joint Committee was formed at the instigation of the Rochdale and District Hospital Management Committee to consider the question in all its aspects.

During the year the Domestic Helps assisted 232 cases (54 cases of maternity and 178 of general sickness, etc.) as against 218 during 1949. The average period over which assistance was given was 17 days for maternity cases and 92 days for general sickness. At the end of the year only 22 Domestic Helps (12 full-time and 10 part-time) were employed as compared with 29 at the end of the previous year. This is in spite of efforts to increase the staff.

It was not necessary during the year actually to refuse any applications for assistance, although on many occasions the help provided to the 'permanent' cases had to be withdrawn for short periods to enable new and urgent requests to be met.

Mental Health Service

The Health Committee has continued during the year its general arrangements for the ascertainment and community care of mental illness and mental defectiveness.

For the latter group the survey completed last year had shown that one Mental Health Worker could cover the ground and, therefore, a vacancy occurring during the year was not filled.

Arrangements were being made throughout the year for the opening of an Occupation Centre. Similarly, on the Mental Health side, the Regional Hospital Board was experimenting with various bed bureau systems and proceeding to the appointment of a Consultant Psychiatrist for this area.

Particulars of Mental Defectives as on 31st December, 1950 :—		M.	F.	T.
		<hr/>	<hr/>	<hr/>
1. (a) In Institutions (including cases on licence therefrom)	Under 16 yrs. of age	6	1	7
	Aged 16 yrs. and over	52	34	86
(b) In "places of safety"	... ..	6	14	20
(c) Under Statutory Supervision (excl. cases on licence)	Under 16 yrs. of age	18	9	27
	Aged 16 yrs. and over	20	11	31
(d) Action not yet taken under any one of the above headings	... ..	0	1	1
2. Under Voluntary Supervision	Under 16 yrs. of age	2	0	2
	Aged 16 yrs. and over	10	6	16
	Total ...	<hr/> <hr/> 114	<hr/> <hr/> 76	<hr/> <hr/> 190

Particulars of Cases Reported during the year 1950:—		M.	F.	T.
		<hr/>	<hr/>	<hr/>
1. ASCERTAINMENT :				
(a) (i) Under Education Act, 1944, Section 57 (3)	...	6	4	10
(ii) Under Education Act, 1944, Section 57 (5)	...	9	5	14
	M. F. T.			
On leaving special schools	... 4 3 7			
On leaving ordinary schools	... 5 2 7			
(b) Other ascertained defectives reported and found to be "subject to be dealt with"	... ..	1	2	3
(c) Other reported cases ascertained who are not at present "subject to be dealt with"	... ..	—	—	—
Total number of cases reported during the year	... ..	<hr/><hr/>16	<hr/> <hr/> 11	<hr/> <hr/> 27

2. DISPOSAL OF CASES REPORTED DURING THE YEAR :—

(a) Ascertained defectives found to be "subject to be dealt with" :—							M.	F.	T.
							—	—	—
(i)	Admitted to Institutions	...	...	...	...	...	3	0	3
(ii)	Placed under Statutory Supervision	...	...	...	...	...	13	10	23
(iii)	Action not yet taken	...	...	...	...	...	0	1	1
							—	—	—
Total ascertained defectives found to be "subject to be dealt with"							16	11	27
							==	==	==
(b) Cases not at present "subject to be dealt with" :—									
(i)	Placed under Voluntary Supervision	...	...	...	...	...	0	0	0
(ii)	Action not yet taken	...	...	...	...	...	0	0	0
							—	—	—
Total cases not at present "subject to be dealt with" ...							0	0	0
							==	==	==

Number of Mental Defectives in Institutions under Community Care, including voluntary supervision, or in "Places of Safety", who have ceased to be under any of these forms of care during 1950.

							M.	F.	T.
							—	—	—
1. (a)	Ceased to be under care	...	...	...	...	...	0	0	0
(b)	Died, removed from area, or lost sight of	...	...	...	...	...	2	1	3
							—	—	—
Total ...							2	1	3
							==	==	==

It will be noted that a much larger number of children were reported under Section 57 of the Education Act, 1944, than in the previous year. This reflects the increased interest in this section of the work which can now be taken by the School Medical staff. They feel now that ascertainment can be followed by appropriate action and close supervision.

The 93 cases noted as "in Institutions" are spread over thirteen different Institutions, but are mainly in Brockhall, Calderstones, Royal Albert at Lancaster, and Mary Dendy Hospital at Alderley Edge.

Eight of these cases were on licence from the parent Institution at the end of the year. Of the three new admissions to Institutions two were at the request of the parents and one on order of the Secretary of State.

The twenty "Places of Safety" cases are in Birch Hill Hospital.

The difficulty of obtaining institutional accommodation is still acute and all urgent cases, apart from those dealt with through the Courts, have to be placed on the Bed Bureau List of the Regional Hospital Board, Manchester.

Reports on the Home Conditions for Institutions.

There were 71 Institutional Reports completed in connection with holiday licence, progress reports in respect of cases on licence and reports for the Visitors under Section II of the Mental Deficiency Act, 1913.

Cases under Supervision.

At the end of the year there were 76 cases under Community Care, 58 under Statutory Supervision and 18 under Voluntary Supervision. The Mental Health Visitors made 1,203 visits during the year to these cases.

During the year one Voluntary Supervision case, aged sixteen years, transferred from the County, became pregnant and is being dealt with by the Social Worker for Moral Welfare. Three Voluntary Supervision cases removed from the area.

Of the 76 Supervision cases, 40 are in employment, 20 are under sixteen years of age and the remaining 16 are over sixteen years of age and are unemployable. With one exception the 40 Defectives in employment are in settled employment and are making on an average £4 10s. 0d. to £6 0s. 0d. per week. They are mainly employed as cotton operatives in repetition work. The managements have been most helpful in placing these workers. In actual fact they are found to make very good workers. It is true that they take rather longer to teach initially, but they never get bored with repetition work. We have already had testimonials to the excellent quality of the work of more than one of our Supervision cases.

The Mental Health Office is more and more being used as a centre of social work by these Defectives and their parents and relatives. A few of the Defectives visit regularly for reporting on their work, their recreations, saving accounts and many other matters. The relatives of the more difficult cases call at the Office with all sorts of domestic problems. In many cases there is no one in the household who can read or write. They, therefore, bring queries about their rent books and their ration books, as well as about the progress and behaviour of the member of the family who is our immediate interest.

In one case during the year the Mental Health Worker was able to place a Defective in a "place of safety" and to handle further family problems in such a way that a reconciliation has taken place between the members of a previously broken-up household.

At the end of the year there were six Defectives awaiting admission to Institution with various degrees of urgency.

Assistance.

The provision of cheap milk and in one case free milk, has been arranged in several cases. Allowances from the National Assistance Board, including clothing grants, have also been obtained in a number of instances and money vouchers have been granted by the British Legion.

We desire to express our appreciation and thanks to the many Workers, Official Bodies and Societies in the area, who have readily assisted by giving information about cases known to them and in many other ways.

Treatment of Mental Patients.

The number of mental patients normally resident in Rochdale and who were in Mental Hospitals on the 31st December, was as follows :—

	Males		Females	
	1950	1949	1950	1949
In General Mental Hospitals	74	81	129	129
In Designated Mental Hospitals	25	19	25	25

Number of Patients Removed for Treatment to Mental Hospitals During the Year 1950.

Mental Hospitals for Treatment	Admissions and Transfers	Patients disch. as Recovered	Patients disch. as Relieved	Deaths
Prestwich	29	11	17	6
Lancaster	5	4	—	—
Whittingham	8	5	3	2
Winwick	1	—	—	2
Rainhill	1	—	—	—
Total :	44	20	20	10

Mental Hospitals for temporary detention, observation periods and for aged patients	Admissions and Transfers	Patients disch. as Recovered	Patients disch. as Relieved	Deaths
Birch Hill	18	2	6	2
Burnley General	5	—	3	1
Ormskirk	2	—	2	—
Shaw Heath, Stockport	2	—	2	—
Boundary Park	3	—	2	—
Fairfield, Bury	3	—	2	—
Wesham Park, Kirkham	2	—	1	—
Townley, Burnley.....	1	—	1	—
Total :	36	2	19	3

Mental Health Clinic. (Oldham Royal Infirmary).

The number of patients sent to this Clinic during the year was 46. This does not include patients sent direct by General Practitioners.

The Psychiatrists attending the Clinic frequently ask for the co-operation of the Duly Authorised Officers in getting patients to accept Voluntary treatment.

Community Care.

The Duly Authorised Officers paid a total of 1,632 visits to the homes of patients in connection with their admission to hospital, or attendances at Clinics and their welfare upon returning home from hospital.

Accommodation.

Accommodation for female mental patients and for cases of Senile Dementia is still very difficult to obtain. The proposed opening of Geriatric Wards at Springfield Hospital, Manchester, and Boundary Park Hospital, Oldham, for the treatment of Mental Disorder will make a small contribution towards easing the bed situation.

The appointment of Dr. A. Pool as Consultant Psychiatrist in this area has been followed by the opening of a Clinic on the 8th January, 1951, and thereafter on each Monday evening at the Rochdale Infirmary.

Prevalence of Infectious Diseases

During the year infectious diseases as a whole showed very considerable increase as compared with the previous year and the average for the five years preceding that. The diseases outstanding from the rest were Whooping Cough and Measles. Whooping Cough with 248 notified cases, as compared with 142 the previous year, showed a definite increased incidence, particularly during the five months April to August. There was little evidence of any increased severity of the disease. Measles also was practically doubled in incidence with 835 as compared with 594 the previous year. In 1948 the Measles incidence was mainly concentrated in the month of April. In 1949 this peak period appeared between the months of February and March, whereas in 1950 those periods of the year showed a complete absence of the disease which was concentrated during July and August, and then began to show an increasing incidence towards the end of the year, in November and December, carrying forward into January, 1951.

It is remembered that the incidence of Tuberculosis in 1949 as represented by notifications was very high, but that this was probably due very largely to the Mass Miniature Radiography Survey which had taken place during the year. The present year shows a reduction from that high number. It is interesting to note that the heaviest month for the notification of all forms of Tuberculosis was September.

During the year three cases of Poliomyelitis were notified, all were admitted to hospital and follow up shows that the first case, a child, was discharged from hospital in a satisfactory condition. The second case, also a child, was continuing out-patient treatment at the Orthopædic Clinic, and the third case, an adult, after discharge from hospital was fitted with a surgical boot.

The following summary shows the comparative incidence of the various types of infectious diseases over the last seven years :—

				1950	1949	Average 5 yrs. 1944-48
Scarlet Fever	...	...	...	105	205	138
Diphtheria	...	...	...	5	3	26
Tuberculosis	...	...	...	136	152	100
Pneumonia	...	...	...	23	27	26
Whooping Cough	...	...	...	248	142	170
Measles	...	...	...	835	594	545
Chicken Pox	...	...	...	11	31	45
C. S. Meningitis	...	...	...	2	3	4
Poliomyelitis	...	...	...	3	3	2
Other Diseases	...	...	...	34	28	37
				1,402	1,188	1,093

In addition to the above formal notifications the following cases of infectious diseases were brought to the notice of the Department, chiefly through the medium of schools :—Whooping-cough 31, Measles 84, Chicken Pox 6.

Scarlet Fever and Diphtheria.

The accompanying graphs show the incidence of Scarlet Fever and Diphtheria over the last 40 years. These graphs were commented on in 1947 Report and as stated in other years it does not appear wise to analyse them at less than about five year intervals.

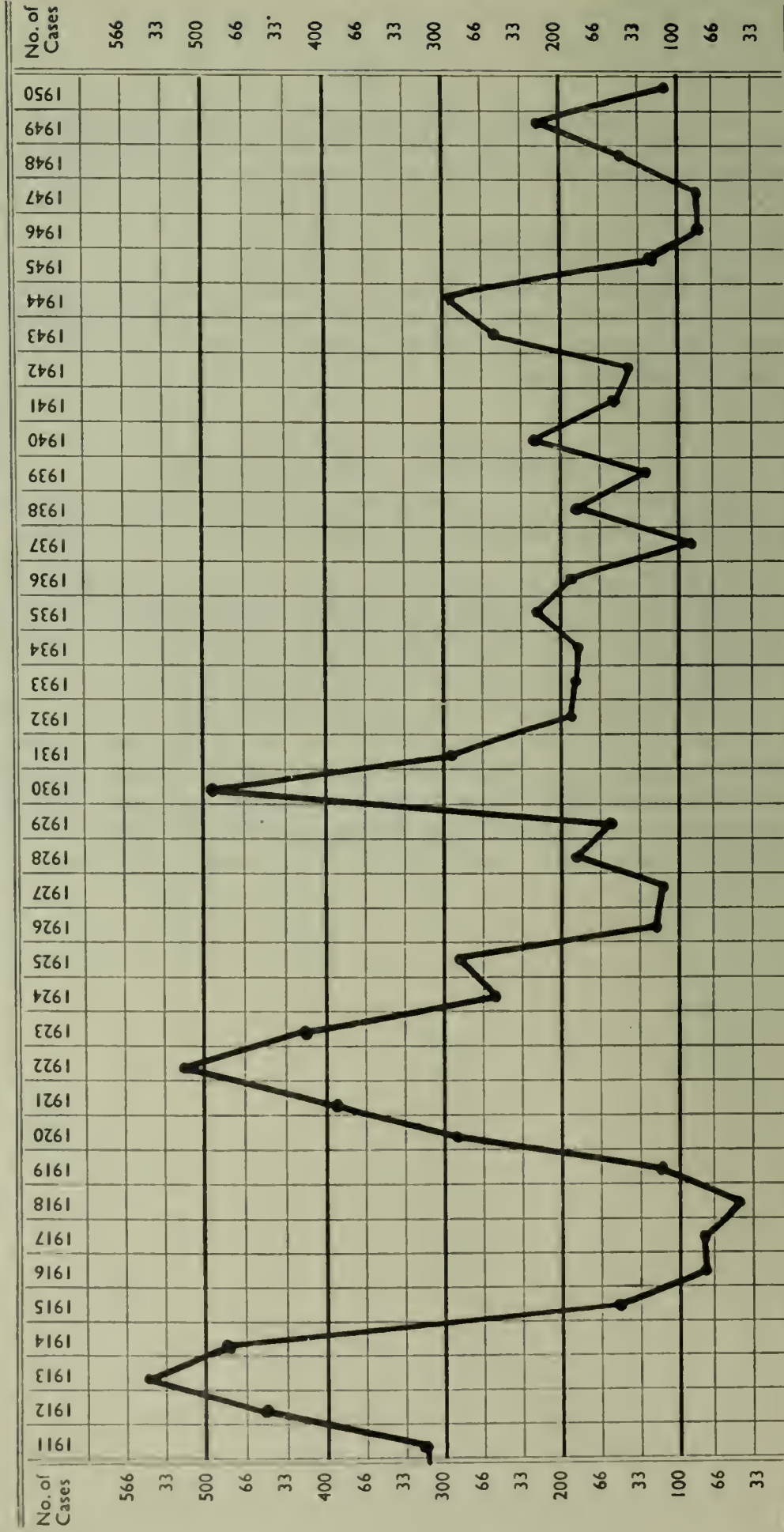
DIPHTHERIA IMMUNISATION.

The campaign of general propaganda referred to in previous reports has been continued throughout the year in support of the national campaign.

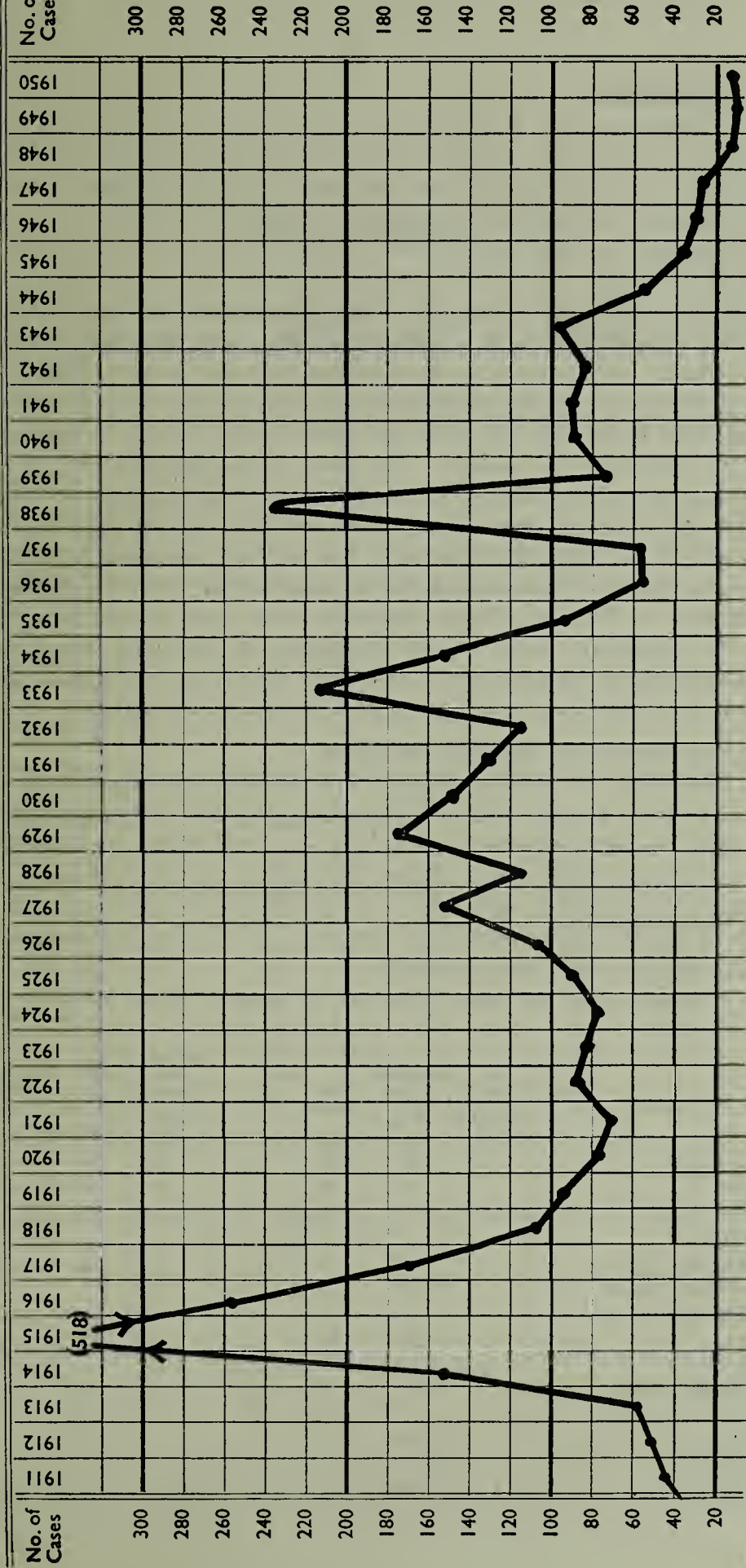
The parents or guardians of each child are sent a card explaining the dangers of Diphtheria and the facilities for Diphtheria Immunisation on the child attaining the age of one, and the Health Visitors are provided with special cards which they leave at the homes in the course of follow-up visits.

Immunisation continues to be available to the same extent as reported last year. These efforts throughout the year were effective in achieving immunisation in respect of 816 children under five and 432 children between the ages of five and fifteen. These figures compare with 1,204 under five and 820 between the ages of five and fifteen in 1949. In addition, 908 children received re-inforcing doses usually about four years after the initial treatment.

County Borough of Rochdale — Scarlet Fever Incidence — Years 1911-1950



County Borough of Rochdale — Diphtheria Incidence — 1911-1950



Food Poisoning.

In the early part of the year two outbreaks of food poisoning occurred. In the first case about 130 consumers were at risk and of these 44 developed symptoms of food poisoning about fourteen hours after the meal. The severity of the illness was slight and all the patients recovered very quickly. Investigations indicated that the outbreak was due to slow cooling of the food on the day of preparation and to re-heating on the day when it was to be consumed. Thus conditions were created which were highly favourable to the growth of large numbers of organisms which, if present in smaller numbers, would have produced no ill effects. This canteen is very well equipped and capably staffed.

In the second case 56 consumers were at risk and 19 developed food poisoning about eight hours after the meal, the illness lasted a few hours and all those affected recovered very quickly. The cause of the food poisoning was exactly the same as in the previous case, but it was found necessary to recommend certain alterations at this canteen which had been opened only for about ten days and about which the Department had not been consulted.

Investigations were carried out in conjunction with the Public Health Laboratory in Monsall. Faeces specimens from seven people were examined without significant result. Seven specimens of food-stuff were examined. No Salmonella or Staphylococci Aureus were found, but in the meat and gravy Alpha Hæmolytic Streptococci predominated in both outbreaks.

Marland Infectious Diseases Hospital.

There were 184 cases admitted to this Hospital from the Rochdale County Borough, which together with 11 in Hospital on the 31st December, 1949, makes 195 cases treated during the year, as compared with 223 the previous year.

Of 25 cases sent in from County Borough of Rochdale with a provisional diagnosis of Diphtheria only 5 were confirmed (including two cases of Croup). None of these 5 cases showed severe infection. 2 (1 Croup) had been previously immunised, and there were no deaths.

A summary of the cases admitted to Hospital from Rochdale is given below :—

DISEASE	In Hospital on 31st December 1949	Admitted during the Year	Discharged	Died	Remain- ing in Hospital at end of Year 1950	Ages of Patients Admitted		
						Under 5 Years	5—15 Years	Above 15 years
Scarlet Fever ...	8	66	70	...	4	27	38	1
Diphtheria ...	...	5	4	...	1	3	2	...
Enteric Fever ...	...	3	2	1	...	...	...	3
Meningitis—								
(1) Cerebro Spinal ...	...	2	1	...	1	2	...	...
(2) Tuberculous ...	...	2	...	1	1	1	...	1
(3) Pneumococcal ...	...	1	1	...	...	...	...	1
Measles ...	...	23	23	...	...	18	2	3
Erysipelas ...	...	14	14	...	...	...	...	14
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	2	2	...	...	1	...	1
Other Diseases ...	3	66	67	1	1	28	10	28
Total ...	11	184	184	3	8	80	52	52

Tuberculosis

There were 122 new cases of Tuberculosis notified as against 142 the previous year and 85 in 1948, and an average of 91 during the five years 1943-47.

Of these 122 cases, 104 were Pulmonary and 18 Non-Pulmonary.

In addition, 14 cases, 11 Pulmonary and 3 Non-Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these 2 Pulmonary and 2 Non-Pulmonary were reported after death and 9 Pulmonary and 1 Non-Pulmonary were transferred from other areas.

Comparative figures are given below :—

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
1913—17	184	108	292
1918—22	199	50	249
1923—27	85	40	125
1928—32	85	36	121
1933—37	81	26	107
1938—42	84	29	113
1943—47	71	20	91
1948	68	17	85
1949	118	24	142
1950	104	18	122

The following table gives a summary of the known cases of Tuberculosis in the Borough as at the 31st December, 1950 :—

	Males	Females	Total
Pulmonary 	301	258	559
Non-Pulmonary 	81	77	158
	382	335	717

The following table sets out the number of deaths and mortality rates for the years 1939 and onwards.

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		All Forms	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1939	41	0.46	6	0.06	47	0.52
1940	51	0.58	12	0.14	63	0.72
1941	53	0.61	11	0.13	64	0.74
1942	44	0.52	5	0.06	49	0.58
1943	36	0.44	10	0.12	46	0.56
1944	39	0.48	10	0.12	49	0.60
1945	32	0.39	6	0.07	38	0.46
1946	31	0.36	11	0.13	42	0.49
1947	41	0.47	9	0.10	50	0.58
1948	44	0.50	5	0.06	49	0.56
1949	15	0.17	4	0.04	19	0.21
1950	38	0.43	4	0.04	42	0.47

The 122 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years	2	2	...	1	...	...	...	1
5—15 „	11	7	2	4	...	...	1	...
15—25 „	10	15	3	1	...	1	1	...
25—35 „	5	9	...	3	7	7	1	...
35—45 „	9	7	1	...				
45—55 „	10	...	2	...				
55—65 „	7	3	...	...	16	2	...	...
65 years and over	5	2	...	1				
TOTAL	59	45	8	10	26	12	3	1
1949	62	56	7	17	9	6	1	3
1948	42	26	7	10	28	16	2	3

Residential Treatment.

There were 52 Rochdale patients in residence at various Sanatoria on the 31st December, 1949, and during the year 114 patients (70 males, 44 females) were admitted as shown in summary below :—

Institutions	Remaining in Hospital at end of 1949	Admissions			Discharged during 1950	Died	Remaining in Hospital at end of 1950
		Total	Males	Females			
Wolstenholme Pulmonary Hospital	11	41	41	—	31	5	16
Springfield Sanatorium	21	31	—	31	28	5	19
Rochdale Children's Orthopaedic Hospital...	2	7	2	5	8	—	1
Other Sanatoria	18	35	27	8	26	7	20
TOTAL	52	114	70	44	93	17	56

RE-HOUSING OF THE TUBERCULOUS.

Joint discussions took place between the Health and Housing Committees of the Rochdale Corporation in 1938 and 1939 with a view to evolving a scheme for the re-housing of Tuberculous families whose housing conditions render this an urgent matter.

In early 1939 it was agreed that the Housing Committee should give, wherever possible, priority in re-housing to the Tuberculous families recommended to them by the Medical Officer of Health. This scheme is still in operation and the practical interpretation of the Housing Committee's decision is to place these families outside the scope of the ordinary Points Scheme, thus giving absolute priority to the type of house to which their size of family entitles them.

The procedure adopted throughout has been that the Tuberculosis Officer to the County Borough makes a recommendation for re-housing of one of the families under his care, where in addition to the Tuberculosis, there are unsatisfactory housing conditions. Latterly, the recommendations have come from the Chest Physician, acting in his capacity as Tuberculosis Physician to the County Borough. Such unsatisfactory conditions are included in the following rough categories :—

- Bad state of the house itself, either in structure, or in repair, or its lack of light and ventilation.
- Unsatisfactory condition of the house in relation to its surroundings—shut in, no yard, over-shadowed, etc.
- Inadequacy of the number of rooms in comparison with the requirements of the family.

From the family point of view there are two main considerations (a), the need of the patient for a separate room where 'near Sanatorium' conditions can be enjoyed, and (b), the need for the patient to be separated, particularly at night, from others in the family, especially children, to prevent the spread of infection.

These recommendations are submitted to the Medical Officer of Health with a view to balancing the needs of the Tuberculous against the needs of other persons suffering from other illnesses and equally inadequate housing.

In practice most of the original 'recommends' are passed on to the next Housing Committee meeting. A few are referred back for various reasons usually to re-appear in a few months.

Again at the Committee stage most recommendations are approved. In fact, the number turned down at both these stages does not average one per year over this twelve year period.

In the period 1939 to December, 1950, 213 families have been re-housed under this scheme.

In the first place, it must be made clear that there has never been any intention to create a Tuberculosis colony in Rochdale. In fact, there has been a determination to avoid this. It has also been realised that it is not always the best policy to transfer straight from one extreme to the other. Therefore, it is not always necessary to allocate the newest and the biggest houses to the Tuberculous.

These 213 families have been allocated to the following Estates :—

TABLE I

Estate	No. of Houses	Cases Transferred	Pos. Cases	Estate	No. of Houses	Cases Transferred	Pos. Cases
Spotland ...	328	11	4	Cutgate ...	192	12	6
Turf Hill ...	404	13	6	Brinrod ...	310	10	7
Ivor Street ...	36	3	2	Brotherod ...	438	11	4
Kilworth Street	148	5	1	Clover Hall 1	214	8	2
Albert Royds St.	128	8	3	Clover Hall 2	228	17	5
Dicken Green ...	326	9	5	Channing St. ...	72	4	3
Castleton ...	192	11	7	Martin Lane ...	33	2	1
Nook ...	406	24	10	Greave ...	254	20	10
Rathbone St. ...	116	8	2	Newbold ...	192	3	1
Belfield ...	260	15	3	Kirkholt ...	330	19	8

The allocations have been fairly evenly spread through the years as follows :—

TABLE II

Year	Cases transferred	Positive Cases	Year	Cases transferred	Positive Cases
1939	13	5	1945	11	3
1940	12	2	1946	11	6
1941	23	9	1947	20	9
1942	21	6	1948	23	12
1943	20	5	1949	25	14
1944	20	13	1950	14	6

In Tables I and II the third column of figures represents the transferred families in which the Tuberculous person was, at the time of transfer, suffering from Pulmonary Tuberculosis in an infective stage.

It will be noted that, whereas the total number of families re-housed by the end of 1946 was 131, and by the end of 1950 was 213, only 49 of the 131 and 90 of the 213 included a known source of infection to others. Even this numerical modification must be further modified in view of the fact that all these infective persons were persons who knew of their disease and who were trained to avoid being a danger to others.

It is practically impossible to give a complete answer about the effect on others outside the Tuberculous household of this re-housing, but the following Table sets out certain figures which may be regarded as significant, in as much as there is no evidence of an increase in the number of new cases running parallel with additional positive cases re-housed. It should be explained that evidence of increased infection has been sought in a fairly wide area round the estates to which families have been allocated.

TABLE III

Year	Positive cases re-housed	Cases of Pul. T.B. notified in :—		Column 3 expressed as a % of Column 4	Cases of Non-Pul. T.B. notified in :—		Column 3 expressed as a % of Column 4
		Housing Estates	The whole Town		Housing Estates	The whole Town	
1939	5	14	85	14	6	23	26
1940	2	15	90	17	10	35	30
1941	9	23	116	20	4	29	14
1942	6	12	73	16	7	39	18
1943	5	18	83	22	3	31	10
1944	13	14	78	18	11	30	34
1945	3	12	66	18	5	30	17
1946	6	12	78	15	1	25	4
1947	9	20	105	19	3	17	18
1948	12	17	79	21	6	22	27
1949	14	21	127	16	3	25	12
1950	6	27	136	20	7	18	39

The ordinary records of the Dispensary include investigations by the Tuberculosis Health Visitor into the source of infection of each new case of Tuberculosis. These records do not show any evidence of any individual new case arising as a result of contact with an old case introduced into the neighbourhood by the Re-housing Scheme.

The next Table shows the stage from recommendation to re-housing in months :—

TABLE IV

1 mth.	3 mths.	6 mths.	9 mths.	12 mths.	12 mths.+
38	82	54	21	9	9

If the last nine cases, in which exceptional circumstances existed, are excluded, then the average time for re-housing in the remaining 204 cases was 3.60 months. It must be realised that this period starts from the date of the Tuberculosis Officer's recommendation. Not only, therefore, does it include all the time taken in enquiries and consideration by the Medical Officer of Health and by the Housing Committee, but it includes the variable time taken up by waiting for the Committee meeting and other formalities inseparable from Departmental working, as well as the time taken by the Housing Department to arrange the new tenancy.

At this point the Housing Committee has done all it can do to assist the Health Committee in the latter's work.

All the families dealt with in this Report suffered under at least one of the housing deficiencies mentioned earlier in the Report. Very few indeed were re-housed on account of insufficient bedroom accommodation only. The majority had suffered, in addition to inadequacy of rooms, either housing in thoroughly bad environmental conditions or dilapidation of the house itself.

Out of the total of 213 families no fewer than 102 were previously housed in thoroughly bad conditions, particularly including excessive dampness with bad light and ventilation.

Out of the 199 families re-housed up to the 31st December, 1949, 174 are still in Corporation houses, although some of them are not in the particular house or estate to which they were originally allocated. Of the remainder, 11 families have left the town and 14 families have, after intervals varying from nine months to nine years, returned to a non-Corporation house. Only one of these families stated as their reason for leaving the Corporation house that they wished to have a lower rent to pay. In this connection, it is interesting to note that the very small list of families occupying Corporation houses to whom rent rebates are applicable does not include any families re-housed under the Tuberculosis Scheme.

The next Table seeks to examine the result of re-housing from the point of view of the individuals concerned, considering first the Tuberculous patient with a 'positive' sputum, then the Tuberculous patient with a 'negative' sputum and, lastly, the families re-housed because of children either being actual patients or 'contacts'.

These figures are again confined to the 131 families re-housed prior to the 31st December, 1946, so as to allow for a review of their progress over a period of not less than four years.

TABLE V

		DIED						Alive Dec. 50	Alive and Well Dec. 50		Left Town
		No.	1 yr.	2 yrs.	3 yrs.	4 yrs.	over 4 yrs.		Qui- es- cent or Arrest	Rem. from Reg.	
Pul. T.B.											
T.B. Plus	...	49	10	2	4	2	11	29	4	14	1
T.B. Minus	...	35	—	2*	—	1*	1	4	2	19	1
Non-Pul. T.B.											
Adults	...	8	—	—	—	—	—	—	—	5	8
Children	...	34	1*	—	1*	—	—	2	—	8	21
Contacts	...	5	—	—	—	—	—	—	—	5	—
		131	11	4	5	3	12	35	6	51	39

* Four of the deaths marked thus were not due to, or associated with, Tuberculosis.

The Table shows that 35 deaths took place within a period of twelve years and that four of them were due to causes having no relationship to Tuberculosis. Of the remaining 31 deaths, ten occurred amongst T.B. Plus cases and before re-housing had had any real opportunity of exercising beneficial effects. Indeed, in most of these cases, the re-housing was recommended at least as much for the benefit of the family contacts as for the patient.

Incidentally, it is interesting to note that in no fewer than 181 families out of the total of 213 re-housed, there were young children or susceptible adolescents at risk.

The general impression to be gained from these figures is that the re-housing has been of very great benefit to the families concerned and particularly to the children in these families. This same impression was obtained in the process of producing these figures, i.e. in the actual examination of case records.

The numbers are comparatively small and they are spread over quite a number of years, which themselves extend over the war period. It is felt, therefore, that a comparison with other Tuberculous families not so re-housed, for the purpose of comparing results is extremely difficult. The families are, however, being kept under review and at some later date it may be possible to offer statistics showing more accurately what has happened in these cases in comparison with the remainder of the Tuberculous population.

I am indebted to Dr. A. H. Heyworth and the staff at the Chest Clinic for the opportunity of reviewing the records of the families concerned and to Mr. Syson, Housing Manager, for information with regard to the present whereabouts of the families re-housed and other similar data.

Venereal Diseases

Although this Department is no longer responsible for the treatment of Venereal Disease no material changes had been made in the day to day arrangements at the end of the year.

There were 780 cases (474 males and 306 females) dealt with during the year, as against 481 in 1949. The number of new cases was 401 (264 males and 137 females), but of these 221 did not require treatment.

The following summary gives the number of cases dealt with during the past three years :—

	Year	1950	1949	1948
		<hr/>	<hr/>	<hr/>
1. No. of persons under treatment or observation at commencement of year		354	331	343
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection		10	2	8
3. No. of new cases who have had previous treatment		15	17	18
4. No. of new cases		401	331	342
		<hr/>	<hr/>	<hr/>
	Total cases dealt with	780	681	711
		<hr/>	<hr/>	<hr/>
5. Total attendances—For attention of Medical Officer		4,888	5,797	7,047
	For irrigation, dressing, etc.	976	3,118	4,386
6. No. who ceased to attend—				
(a) Before completion of treatment ...		10	13	16
(b) After completion of treatment, but before final tests as to cure		12	9	12
7. No. discharged after completion of treatment and final test of cure or after diagnosis as non-venereal		347	272	330

Sanitary Circumstances of the Area

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the Report.

Water Supply.

- (i) The water supply of each of the several parts of the area has been satisfactory (a) in quality, (b) in quantity.
- (ii) In 1939 the practice of chlorinating all waters at the reservoir works before or after filtration was adopted and is still in operation. During the year 95 samples, representative of the raw water at the various reservoirs and of the water delivered at household taps, have been submitted for bacteriological examination with satisfactory results.
- (iii) During the year 85 samples of water, as delivered at household taps, have been submitted for chemical analysis with satisfactory results. As the moorland gathering grounds at each of the reservoir works collect waters liable to have plumbo-solvent action, the pH value of the water before it goes into distribution is controlled by the addition of lime and no dissolved lead has been found in any of the samples.
- (iv) No special form of contamination has had to be dealt with during the year. The Undertaking completed negotiations for the acquisition of some of the few dwellinghouses and farms still existing on the gathering grounds. Should it be considered necessary, requisite action will be taken to acquire the remainder.
- (v) No dwellinghouses, nor any part of the population, are normally supplied by means of standpipes. The number of privately owned sources of water supply is not large and is diminishing.

R. N. SIMPSON, A.Inst.W.E.
Waterworks Engineer.

Drainage and Sewerage.

At Roch Mills Sewage Purification Works the sewage is screened after grit removal and then passed through Primary and Secondary Sedimentation Tanks. Half the flow is then passed through an Activated Sludge Plant constructed on the Kessener System and the other half is pumped to bacteria beds. Good effluents are obtained and there is a little reserve of capacity.

Construction is proceeding on the new Norden Sewerage Scheme. The Norden Sewage Works in Harrow Avenue has been abandoned and the sewage from the Norden Area is now being treated at the Roch Mills Sewage Purification Works.

In the near future work will start on an intercepting sewer in the Bury Road Area, which will give further relief to the existing system.

It is anticipated that the Bamford Sewage Works will be abandoned towards the end of this year.

Rivers and Streams.

The Lancashire Rivers Board are responsible for the prevention of pollution of rivers and streams in this area and any cases which come to the notice of the Borough Surveyor are reported to the Board for their attention.

There have been a number of applications from manufacturers to discharge into the Corporation sewers trade wastes at present passing after partial treatment into local watercourses. Several new agreements have been completed and in other instances investigations are being made to determine conditions and charges.

W. H. G. MERCER, B.Sc., A.M.Inst. C.E.,
Borough Surveyor.

Meteorological Notes.

The following is a summary of the features of the year as recorded at the Meteorological Station, Roch Mills Sewage Works, and is included by courtesy of the Borough Surveyor.

During the three complete years that the Meteorological Station has been in operation, 1950 was the coldest year, had the highest rainfall and the lowest amount of sunshine.

	Mean Temperatures	Total Rainfall	Sunshine Total hrs.	Daily Mean
1948	48.4°F.	41.86 in.	1252.7	3.42
1949	49.6°F.	41.79 in.	1520.6	4.17
1950	47.3°F.	47.95 in.	1172.4	3.20

December was the coldest month of the year with a mean temperature of 32.8°F., also the coldest month since February, 1947, which then had a mean temperature of 28.6°F. There were only 9 days in December during which the ground was entirely free from snow.

The rainfall was above average, approximately 6 inches more being recorded in 1950 than in 1948 and 1949. September was the wettest month of the year with 28 rainy days and a total rainfall of 7.05 inches. On the 6th September, 1.32 inches fell in just over nine hours ; whereas May was the driest month with a total of 1.83 inches rain.

The longest spell of rainless weather throughout the year was between the 31st May and the 13th June—fourteen days.

The sunshine recorded was lower than 1948 or 1949. During the year there were 83 days during which no sunshine was recorded and 152 days in which sunshine did not exceed one hour.

South westerly winds were registered on 126 days in the year. The year was comparatively free from thick fogs, there being only three days when visibility was less than 100 yards.

Public Cleansing.

The arrangements for public cleansing remained substantially as described in the last Report. It was not always possible to maintain the authorised standards of service as to frequency and/or quality. In a period of full employment the work did not attract a good type of labour and it was heavier than it used to be by reason of a larger residue of ash from poor house coal.

Provision and maintenance of dustbins for house refuse as a charge against the General Rate, begun in 1948, continued to work satisfactorily. Under this scheme 2,604 British Standard dustbins were issued in 1950.

House refuse was collected by covered motor vehicles and passed through a separation and incineration plant at Entwisle Road Depot. The process included the screening out of fine ash and fuel cinder, the magnetic extraction and the baling of tin cans and other ferrous metals, the hand salvaging of other saleable things and the production of steam for the Central Public Baths, the Steam Disinfector and the Pig Food Plant. Here 1,274 tons of kitchen waste from Rochdale and seven other districts was sterilised by heat treatment (1,502 tons in 1949). The total tonnage of scrap metals sold was 813 (791 in 1949), waste paper 160 (380), textiles 62 (73), fuel cinder 506 (360), and bones, bottles, jars and sundries 53 (33).

Two modern petrol-driven gully emptiers came into service in place of two obsolete steam-operated machines and the routine cleansing of street gullies throughout the Borough was put on a satisfactory basis. Beyond this there was no important extension or improvement during the year in the arrangements for public cleansing.

H. COOK, F.Inst.P.C.,
Cleansing Superintendent.

SANITARY INSPECTION OF THE AREA.

During the year 680 Preliminary or Informal Notices and 21 Abatement or Statutory Notices for the abatement of nuisances and remedy of sanitary defects in and around dwellings were served on owners and occupiers, and resulted in the accomplishment of works given in the classified statement below. The statement also includes works carried out at factories and food premises, etc., following the service of Preliminary Notices, but excludes work done under the Housing Acts.

NATURE OF NUISANCES DEALT WITH					Nos.
HOUSES—					
Verminous dwellings disinfested	...	...	...	...	5
Dirty Houses limewashed and cleansed	...	...	...	...	21
Repairs to roofs, floors, walls eavestroughing, rainwater pipes, chimneys, and general repairs to brickwork or stonework (including dampness) and repair or renewal of house fittings					1379
YARDS, PASSAGES, ETC.—					
Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	30
Offensive accumulations and stagnant water removed	...	...	...	...	12

NATURE OF NUISANCES DEALT WITH— <i>continued</i>							Nos.
SANITARY CONVENIENCES—							
Closet buildings repaired	...	...	...	...	...	...	62
Closet fittings repaired	...	...	...	...	...	...	6
DRAINS—							
Main or branch drains repaired or cleared	...	...	...	...	...	...	62
GENERAL—							
Absence or unsatisfactory condition of sanitary accommodation at factories	...	...	...	...	...	...	11
Miscellaneous nuisances remedied	...	...	...	...	...	...	6
FOOD PREMISES—							
Absence of Washing facilities	...	...	...	...	...	...	18
Lack of adequate ventilation...	...	...	...	...	...	...	21
Absence of trade refuse bins	...	...	...	...	...	...	1
Want of limewashing of cleansing of premises used for the preparation or storage of food	...	...	...	...	...	...	14

Housing.

During the year, the Housing Committee continued to accept representations for the demolition or closing of unfit houses and to make Orders, though once again on a very limited scale. Under these circumstances it was only possible to deal with houses which were both unfit for human habitation and so dilapidated as to be dangerous. Representations concerning 39 such houses were submitted during the year. Of these, 28 resulted in the making of Demolition Orders, 7 in the making of Closing Orders and 3 were still under consideration at the end of the year. In one other case an undertaking by the owner not to re-let the house for human habitation was accepted by the Committee on the understanding that a Demolition Order would be made should the adjoining property be represented at a future date.

Probably one of the most exacting duties falling upon this Department during recent years has been the investigation of applications for re-housing with a view to the presentation of the most urgent cases to the Housing Committee.

During 1950, 146 houses have been inspected and reported upon in this connection. After inspection and report each case is considered individually by the Medical Officer of Health and the Chief Sanitary Inspector in accordance with certain broad principles before being referred to the Housing Committee for final decision. It is complimentary to the Points Letting Scheme that these special cases are rapidly declining at the present time.

Housing Survey.

The survey of housing conditions in the Borough which was commenced in 1949 continued during 1950. Two temporary Survey Officers were engaged on this work. The demands of economy limited the staff to this number and it will be impossible to complete the whole of the survey quickly—the only way

in which a properly balanced picture of the housing conditions in the Borough could be secured. Arrangements have, therefore, been made to concentrate on areas of the town known to contain much bad housing, or where the housing is obsolescent, and it is hoped that by doing this we shall obtain sufficient information on which to base a properly co-ordinated programme for the future planning of Clearance Areas, Improvement Areas and the demolition of unfit houses.

During the year the Survey Officers made reports on 4,261 houses, involving 5,134 visits. Thus, since the survey began, the total number of houses inspected is 6,235.

Preliminary Report on two Wards in the Borough.

The survey in two Wards of the Borough was substantially complete at the end of the year. It should be noted that modern houses owned by the Corporation are not included. Certain other houses which were obviously modern and provided with all necessary amenities were also excluded. This, together with the fact that access to other houses was impossible to obtain before the end of the year, accounts for the discrepancy between the number of houses in the Ward and the number actually inspected.

The results of the survey are tabulated below to show to what extent the houses in these two sample Wards fall short of the minimum standards:—

	Ward "A"	Ward "B"
AGES OF HOUSES :		
Built before 1870	1,573	1,431
Built 1871—1900	467	508
Built 1901—1920	627	447
Built after 1920	13	61
Totals for whole Ward	2,680	2,447
TYPE OF HOUSES :		
Back-to-Back	389	279
Inset Cottages	46	30
Not through houses	50	145
Through houses	1,567	1,364
Total number surveyed	2,052	1,818
CLOSET ACCOMMODATION :		
Water Closet	2,011	1,722
Waste Water Closet	15	20
Pail Closet	26	76
DOMESTIC WASHING FACILITIES :		
Washing done in—		
Wash-house	8	29
Wash cellars	144	122
Sculleries or Kitchens... ..	1,280	1,164
Living rooms or living Kitchens	620	503

	Ward "A"	Ward "B"
HOUSES WITH FIXED BATHS :	148	236
HOUSES WITH VENTILATED FOOD-STORES :	13	131
GENERAL STANDARD OF REPAIR :		
Good	76	267
Medium	1,296	902
Poor	680	649
HOUSES OVERCROWDED ACCORDING TO HOUSING ACT		
STANDARDS :	25	32

Common Lodging Houses.

There are seven of these premises now registered. The accommodation provided comprises 35 rooms containing 445 beds. Regular visits of inspection have been made during the year.

Houses Let-in-Lodgings.

The control of houses let-in-lodgings has presented an extremely difficult problem during the year. The establishment of such premises tends to occur without notification to the Local Authority and the discovery of these has not been easy. The inspection of the premises takes considerable time and much of the work has to be done outside the normal office hours. There were 154 such premises inspected during the year. The main causes of complaint were poor food-storage accommodation, inconvenient fuel stores, and lack of adequate washing and cooking accommodation, all tending to create uncleanness in rooms. It was often difficult to ensure the maintenance of cleanliness in common rooms and passages. Refuse bins were often misused and yard surfaces fouled. Many houses and rooms, however, were well kept and were provided with reasonable amenities.

Smoke Abatement.

There were 156 smoke observations of one half-hour each made during the year and 9 contraventions of the Act, concerning 8 firms, were reported to the Committee.

The Committee authorised the service of the appropriate Notice on the 8 firms concerned, requiring them to stop emitting black smoke.

In almost every case the quality of the fuel was blamed for the occurrence. This was found to be a contributory factor, but on some occasions faulty plant and careless firing were equally the cause of the trouble.

The Ministry of Fuel and Power has been kept informed of all unsatisfactory observations and its Engineers have co-operated with firms in the town in attempting to overcome difficulties.

Measurement of Atmospheric Pollution.

After considerable delay apparatus for the measurement of atmospheric pollution was obtained and was installed in time to commence observations on the 1st December. Three deposit gauges and three sulphur dioxide gauges were put into operation. One gauge of each kind was installed at the Sewage Works, one at Foxholes House and one on a plot of land near March Street. Reports on the results obtained will be available for the 1951 Annual Report.

Whilst at the time of writing it is too early to form any valid opinion, it seems likely that the results will compare very favourably with those obtained in towns of a similar type.

INSPECTION AND SUPERVISION OF FOOD.

Milk Distribution.

Since the Milk and Dairies Regulations, 1949, came into operation the Local Authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

The numbers and kinds of licences and registrations issued under these new Regulations are given below :—

Premises registered as Dairies	...	...	...	...	3
Persons licensed as Distributors of Milk	...	...	...	...	309
Dealer's licences to sell Pasteurised Milk	...	...	...	...	54
Dealer's licences to sell Tuberculin Tested Milk	...	...	...	...	17
Dealer's licences to sell Sterilised Milk	...	...	...	...	220
*Supplementary licences—Pasteurised Milk	...	...	...	...	6
	Tuberculin Tested Milk	...	...	...	5
	Sterilised Milk	...	...	...	2

*A Supplementary Licence is issued to persons whose premises are outside the Borough, but who distribute milk within the Borough.

The Annual Report for the year 1949 referred to an increase in the demand for the supply of Tuberculin Tested Milk and of Pasteurised Milk. This demand appears to have been maintained during the year. It is a matter for congratulation that such grades of milk are readily available to all those who wish to obtain them.

Cleanliness and Keeping Quality of the Milk Supply.

There were 111 samples submitted to determine the cleanliness or keeping quality of the milk and where the samples were of heat-treated milk, tests were applied to determine the efficiency of heat treatment.

The methylene blue reduction test was applied to 99 samples of which :—

36 were Ungraded milks	5 proving unsatisfactory
18 were Accredited milks	1 proving unsatisfactory
2 were Tuberculin Tested milk	Both satisfactory
13 were Tuberculin Tested (Pasteurised) milk.	All satisfactory
30 were Pasteurised milk	2 proving unsatisfactory

The tuberculin tested pasteurised milks (13 samples) and the pasteurised milks (30 samples) were also tested by the phosphatase test to determine the efficiency of pasteurisation and all proved satisfactory.

In addition 12 samples of sterilised milk were submitted to the turbidity test, all of them proving satisfactory.

Six unsatisfactory samples amongst those procured from farmers were reported to the Ministry of Agriculture and Fisheries, whose duty it is to attend to the matter under the Milk Regulations. Two unsatisfactory samples procured from a local wholesale dairy were reported to the firm concerned and no further trouble was experienced from this source.

Examination of Milk for M Tuberculosis.

There were 88 samples of milk taken during delivery to customers for examination for the presence of M Tuberculosis. Negative results were received for 81 samples, but five samples, taken from four farmers, were reported to contain M Tuberculosis. These positive samples were reported immediately to the Ministry of Agriculture and Fisheries, whose investigations at the farms concerned resulted in the isolation of three cows giving tubercular milk, all of which were slaughtered.

A further method of discovering tubercular milk supplies is through the detection of congenital tuberculosis in young calves slaughtered for food. A note of this is included under the heading "Carcases Inspected and Condemned".

Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and over 91 tons have been condemned as unfit for human consumption being either destroyed or disposed of for salvage purposes. The following Table gives a detailed report on the examination of carcasses inspected at the slaughterhouses :

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,748	4,208	1,940	21,155	345
Number inspected	2,748	4,208	1,940	21,155	345
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	3	14	20	36	4
Carcases of which some part or organ was condemned ...	1,117	1,350	—	860	10
Percentage of the number inspected affected with disease other than Tuberculosis ...	40.76%	32.41%	1.03%	4.23%	4.06%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	8	117	25	—	6
Carcases of which some part or organ was condemned ...	310	2,319	—	—	40
Percentage of the number inspected affected with Tuberculosis	11.57%	57.89%	1.29%	—	13.33%

It will be seen that 25 calves were condemned because of tubercular lesions, mainly in the liver. As these were very young calves it was considered probable that the infection had been derived from the mother and accordingly the Ministry of Agriculture and Fisheries (Animal Health Division) was notified. Investigations on the farm resulted in the discovery of thirteen cows which were slaughtered thus removing from dairy herds animals which were either giving tubercular milk or were potential sources of it.

In addition to the inspection of animal carcasses given in the foregoing Table, the Meat Inspectors saw the carcasses of 4,086 horses. Of these 6 whole carcasses, 10 part carcasses and 504 organs were condemned as unfit for human consumption.

Inspection of Premises used for the Preparation and Sale of Foodstuffs.

During the year 1,812 visits have been made to this type of premises, chiefly slaughterhouses, butchers' shops and cooked food shops. During the year regular inspection of canteens at factories and workshops was carried out, and the cafes and restaurants in the town were also visited.

Rochdale Corporation Act, 1937.

This Act deals with the registration of premises for the preparation and sale of various foodstuffs. At the end of the year 222 premises were registered for the sale and storage of ice cream and 6 premises were registered for the manufacture, sale and storage of ice cream, 717 visits of inspection being made at these premises during the year.

Every effort was made to ensure that pre-packed ice cream only was sold, so that the possibility of contamination could be minimised. Where the ice-cream was manufactured outside the Borough the conditions of manufacture were the subject of enquiry to the Local Authority concerned.

The Act also provides for the registration of premises used for the manufacture of potted, pressed, pickled and preserved foods. Five premises of this class were added to the register during the year.

FOOD AND DRUGS ACT, 1938.

The total number of samples analysed under this Act was 230, consisting of 124 milks, 37 "ice-lollies", 26 ice creams, 10 sausages and 33 miscellaneous samples covering 24 varieties of food.

Adverse reports were received in respect of 7 samples.

Two samples of milk (as compared with 16 out of 152 samples during 1949) were reported against. They contained 3.8% and 8.1% of extraneous water respectively.

Five samples of "ice-lollies" were reported against out of the total of 37 submitted. All five of these samples contained lead to the extent of more than 10 parts per million, i.e., 30, 26, 24, 15 and 12 parts per million respectively. Two further samples from the same source contained 4 parts per million of lead each. An investigation showed that the contamination was due to the fact that the tin plating of the moulds had worn away and had left the soldered joints open to attack by the acids of the fruit juices used to flavour the "lollies". The manufacture of "lollies" at this plant was suspended until the faults had been overcome.

There is no statutory limit of lead in foodstuffs under the provision of the above Act, but the Ministry of Food has prescribed a maximum permissible limit of 10 parts per million in the case of edible Gelatine and Curry Powder. Both these ingredients, however, are used in small quantities and are widely distributed throughout the foodstuffs in which they are incorporated, whilst an "ice-lollie" is consumed as an entity.

All the 26 samples of ice cream contained more than 2.5% of fat, although not all would have been found to comply with the standard of the Ministry of Food which came into force on the 1st March, 1951, and requires a minimum content of 5% of fat, 10% of sugar and 7.5% of non-fatty solids in ice cream.

The 8 samples of sausage examined contained at least the minimum content of meat prescribed and were free from undeclared preservatives.

One of the adulterated milk samples (3.8% Extraneous Water) was an "informal" sample taken from a school milk supply. The formal milk sample taken two days later proved genuine.

The other adulterated milk sample was the subject of a prosecution which resulted in the vendor being fined £10 and also ordered to pay the Analyst Fee of £1 1s. 0d.

All the remaining miscellaneous samples examined were free from adulterants and were found to comply with the appropriate regulations. One of the samples, however—a sample of beer taken from an off-licence—was found to contain a small quantity of lead. Representations were made to the Brewery concerned and the old lead piping was removed and replaced by monel-metal pipes.

Shops Act, 1950.

No notices under this Act were issued during 1950.

Offensive Trades.

The number of premises at which these trades were carried on in the Borough is as follows :—

Tripe Boiling	...	...	...	...	...	...	1
Fellmongering	...	...	...	...	...	...	2
Knacker's Yard (Bone boiling)	...	...	...	...	...	...	1
Rag and Bone Dealers	...	...	...	...	...	...	5

The Knacker's Yard is visited regularly and periodical visits are made to the other premises.

Factories Act, 1937.

Certain provisions of the Factories Acts are the responsibility of the Local Authority and the administration of these provisions required 529 visits during the year. This figure includes 421 visits paid to bakehouses, which are also classed as factories. Written Notices were sent in 12 instances concerning such matters as want of cleanliness and insufficient, unsuitable or defective closet accommodation.

Many works of improvement in sanitary accommodation were executed during the year and it is gratifying to note that these in most cases went far beyond the provisions of minimum accommodation required by the Sanitary Accommodation Regulations.

Prevention of Damage by Pests Act, 1949.

The staff engaged in this work consists of two men who are given temporary assistance when sewer treatment is undertaken.

During the year 348 dwellinghouses and 157 business premises were visited or treated. This required 1,641 visits and the estimated kill was at least 2,401 rats. The bodies of 325 rats and 969 mice were recovered.

The sewers were treated during the year. The treatment, which was completed during September, called for the baiting of 2,148 manholes ; 550 were found to be infested and poison baits were placed in them.

In addition, an area in which there were 942 manholes was test-baited. This was done to decide whether treatment of this particular area was necessary. The Ministry of Agriculture and Fisheries, after considering the results of test-baiting, decided that a full-scale treatment was not needed.

Closet Accommodation.

The accommodation in the Borough at the end of December was approximately as follows :—

Fresh Water Carriage System	...	...	...	...	28,388
Pail Closets	...	...	...	...	962
Waste Water Closets	...	...	...	...	1,446
Privy Middens	...	...	...	...	19

During the year 13 pail closets were converted to the fresh water carriage system and 60 waste water or tipper closets also were converted. A survey of the pail closets based on the Cleansing Departments collection lists was made at the end of the year and the results are summarised below :—

CLASS	Premises Involved	TOTAL	Conversion held up by Sewer Difficulties	Property Scheduled for Dem.	Capable of Conversion
Dwellings—Joint	748	328	138	169	21
Dwellings—Separate	501	501	341	109	51
Churches 7 }	41	89	59	—	30
Schools 2 }					
Shops, Workshops, etc. 32 }					
Sports Clubs and Clubs, etc. ...	14	44	28	—	16
	1304	962	566	278	118

Cleansing Station.

The general working of the Cleansing Station is under the supervision of a District Sanitary Inspector. The Station is open from Monday morning till Saturday mid-day. Evening sessions are available as required for those engaged in industry.

The following Tables show the number of persons cleansed at this Station :—

	1950	1949	1948	1947
Scabies	57	161	241	465
Other Verminous Conditions ...	397	705	763	396
Total	454	866	1004	861

	Scabies	Verminous Conditions	Total
Infants	10	11	21
Children of School Age ...	28	363	391
Adults	19	23	42
Total	57	397	454

The decrease in the number of cases of Scabies contained during the year and the Clinic was once more able to treat more children with verminous heads who would otherwise have had to be treated at home.

Comment on general positions amongst pre-school children will be found in the Maternity and Child Welfare section and in the School Medical Report in respect of children of school age.

The arrangements continued whereby all reports on verminous conditions, including Scabies, are collected in one register in the Public Health Department. These reports may come from the Education Department, Health Visitors, Sanitary Inspectors, owners or occupiers of premises and any other person or organisation. All premises reported in this category are visited by the Sanitary Inspectors and advice given according to the degree of infestation and the general condition of the premises. Steps are taken to ensure that all persons infested with scabies in the family attend at the Cleansing Centre.

**TABLE I.—Vital Statistics of Whole District during 1950,
and previous years.**

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Nett Deaths belonging to the District.			
		Nett		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population
1940	†86,670	1072	12.4	96	89	1575	18.2
1941	†85,780	1136	13.2	76	67	1371	16.0
1942	†83,150	1276	15.3	90	71	1282	15.4
1943	†81,550	1268	15.5	58	46	1324	16.2
1944	†81,380	1320	16.2	67	50	1174	14.4
1945	†81,100	1267	15.6	56	44	1263	15.5
1946	†85,200	1521	17.8	75	49	1272	14.9
1947	†86,110	1725	20.0	95	55	1399	16.2
1948	88,110	1500	17.0	57	38	1245	14.1
1949	88,930	1362	15.3	56	41	1320	14.8
Average for years 1940-1949	84,798	1345	15.8	73	55	1322	15.6
1950	89,530	1371	15.3	64	47	1316	14.7

† Estimated Civilian Population

Year 1950.

[illegible]

TABLE III.

INFANT MORTALITY.—Nett Deaths from stated causes at various
Ages under one year of age—Year 1950.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH					Total Deaths under 1 year	
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1950	1949
Bronchitis ... ..	...	1	...	1	...	2	...
Other Respiratory Diseases ...	...	...	...	1	...	1	...
Gastritis and Diarrhoea ...	...	2	2	...	...	4	2
Pneumonia ... ..	...	5	3	3	...	11	12
Prematurity	29	...	...	...	...	29	20
*Congenital Malformations ...	2	1	2	...	...	5	...
*Congenital Debility, Malformations, etc. ...	...	...	...	...	...	...	17
*Other Causes	6	3	1	2	...	12	...
*Violence and other Causes ...	...	...	...	...	...	...	5
ALL CAUSES—1950 ...	37	12	8	7	...	64	...
ALL CAUSES—1949 ...	37	9	2	3	5	...	56

Nett Live Births in the year :—Legitimate 1,287 ; Illegitimate 84.

Nett Deaths in the year :—Legitimate infants 58 ; Illegitimate infants 6.

*Owing to changes in grouping by the Registrar General these headings are not strictly comparable as between 1949 and 1950.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1950

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SCHOOL MEDICAL SERVICE.

School Medical Officer	JOHN INNES, M.D., D.P.H.
Deputy School Medical Officer	NORA MILLS, M.D.
Assistant School Medical Officer	...	...	...	MARGARET L. DENNIS, M.R.C.S., L.R.C.P.
Assistant School Medical Officer	...	...	...	MARGARET E. BURNS-PRICE, M.B., D.P.H.
Senior School Dental Officer	...	...	...	H. P. GLESDALE, L.D.S.
Assistant School Dental Officers	...	...	...	R. J. G. YOUNG, L.D.S. One Vacancy.
Speech Therapist	...	...	...	Vacant
School Nurses	...	...	...	M. CROWTHER, R.F.N., S.R.N., C.M.B., H.V. E. BLEASDALE, S.R.N., S.C.M. M. M. TURNER, S.R.N., S.M.B. H.V. M. AUSTIN, S.R.N., S.C.M. M. WILD, S.R.N., S.C.M. B. MADEN, S.R.N.
Dental Attendants	...	...	...	G. PETRIE. J. M. COCKCROFT.
Clerks	...	...	...	JUNE MILLS. IRENE TAYLOR.

Consultants :

Ophthalmic Surgeons	...	...	...	R. S. SCOTT, M.B., Ch.B., D.O.M.S. P. HARRY, M.D., D.P.H.
Aurists	...	...	...	V. T. SMITH, M.D., F.R.F.P.S. J. D. THOMPSON, M.R.C.S., L.R.C.P., D.L.O.

Available for consultations at Smith Street Clinic by arrangement with Regional Hospital Board :

Physician	...	...	...	J. L. TAYLOR, M.B., Ch.B., M.R.C.P.
Orthopaedic Surgeon	...	...	...	A. P. GRACIE, F.R.C.S.

COUNTY BOROUGH OF ROCHDALE

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg to submit my Annual Report for 1950, being the forty-second report on the work of the School Medical Services in Rochdale.

The School Population once again shows a very slight increase. The total inspections carried out by the School Medical Officers also show an increase as compared with last year and include the examination of eight year old children, which we still consider of great importance in the discovery of defects.

Dr. Dennis and Dr. Burns-Price, Assistant School Medical Officers, have continued to report regularly upon the hygiene of school premises with the result that at the end of the year arrangements had been made to carry out a special plan of interim improvements in the sanitary accommodation.

No progress was made during the year in attempts to obtain a third Dentist, a Speech Therapist, a Physiotherapist or a Child Guidance team.

The chief event of the year was the moving of the Clinic as a whole to adapted premises in Penn Street. By the end of the year, these new and more commodious premises had already become overloaded.

The year has been generally one of progress, but there are one or two disappointing features to be recorded. At the Routine Inspections a lack of interest in their personal cleanliness amongst the senior children was noted ; and the number of verminous infestations was still as high as in recent years, although the degree of these infestations was steadily becoming less. The diet of the children, apart from school meals, in far too many cases still contains too much starch.

Satisfactory comment on the efficiency of the Service is found in the fact that very few new conditions requiring medical treatment are discovered in examinations of children leaving school.

On the whole there is still to be noted a definite improvement in the nutritional standard of the children as compared with the past and there is little doubt that the provision of meals and milk in the schools plays no small part in this improvement.

The changing picture in major illness and defect commented upon in recent reports is repeated even amongst skin diseases. Scabies, Ringworm and Impetigo, which used to form such a large proportion of the conditions brought to this Clinic have now all but disappeared.

It is pleasing to be able to record a definite improvement in the Ophthalmic Service in which the waiting time for glasses has now been reduced to about one month. In view of the large number of children suffering from squint and the difficulty of obtaining regular treatment for this, it is with great pleasure that we are able to record the appointment of a full-time Orthoptist at the end of the year.

The Ear, Nose and Throat Service suffered some set-back during the year, but so far as the Clinic section is concerned, it returned to normal by the end of the year. There was, however, no improvement in the waiting list for Tonsillectomies. The first of the hearing aids for partially deaf children were issued and attempts are being made to find means of instructing these children in the best use of their aids.

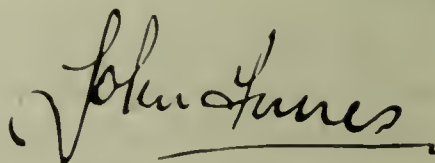
Major developments are recorded at the High Birch Special School for educationally sub-normal children and an opportunity is taken in the Report of discussing the general background of the children who are admitted to this type of special school.

I am glad to have this opportunity of expressing my appreciation of the quality of the work performed by the staff of the School Medical Department during a year of definite advancement in many directions. My thanks are also due to Dr. Mills for the preparation of the Annual Report.

The Department is grateful for the support and encouragement it receives from the members of the Education Committee and, in particular, from its Medical and Welfare Services Sectional Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health
and School Medical Officer.

15th June, 1951.

School Medical Service

The Registrar General's estimated civilian population for the County Borough for the year 1950 was 89,530 and the school population is as follows :—

	No. of Schools		No. of children	
County Schools	15	...	6,537
Voluntary Schools	13	...	2,817
Grammar Schools	2	...	894
Technical Schools	2	...	590
Special Schools	3	...	191
Nursery Schools	4	...	297
		—		—
		39		11,326
		==		==

Staff.

The Staff of the School Medical Service is set out on Page 66. There have again been various changes during the year. Dr. Marsland, Assistant Consulting Aurist, left at the end of February and until October 17th when Dr. Thompson was appointed, we were only able to hold one consulting Aurist's clinic a week.

Miss Brown, Dental Attendant, left in May to take a Ministry of Health course of training as an Oral Hygienist. Dr. Lawson left the town in August and Dr. Burns-Price was appointed in her place as part-time assistant school medical officer. At the end of the year Miss da Cunha was appointed as our first Orthoptist, to begin duty on January 22nd, 1951. A second clerk to the department took up work on May 8th.

The posts of Speech Therapist and third Dental Officer still remain vacant.

Clinic Premises.

The chief event of the year in the School Medical Department was the removal of the clinic from the old Lyceum buildings, where it had been housed since its beginning, to new premises adapted from Penn Street Old School. This removal took place on March 31st. Compared with the old clinic the new one seemed very spacious at first, but it is already overcrowded. On the lower floor are the general waiting room, dental clinic and two rooms used for consultant clinics and for the clinic nurses. On the upper floor are two doctor's consulting rooms, five dressing cubicles, school nurses' room, filing room and open space for the minor ailment clinic.

School Hygiene.

There have been no structural alterations during the year in schools with inadequate or insufficient sanitary equipment, so that many schools are in no better condition in this respect than when last year's report was written. Certain

repairs have been carried out and there has been considerable improvement in the supply of soap and towels during the past few months. The inspection of school premises has continued and reports are regularly presented to the Committee on the schools visited during the previous month. The task of bringing old schools into line with modern hygienic standards would in any circumstances be a difficult one, but is more difficult today when alterations are so expensive and when some of the schools at some time in the future may be rendered redundant by the Development Plan.

The Education Committee decided at the end of the year, therefore, to call for a complete report by the Borough Surveyor upon the sanitary arrangements at its schools. It is proposed as a result of the consideration of this report to embark on a plan of improvement which will not call for much structural alteration. It is hoped that a commencement on this plan will be made early next year.

Periodic Medical Inspection (Table I, Page 89).

All schools have been visited for periodic medical inspection. One school (Milkstone), closed for many years, has been re-opened to relieve the pressure on a nearby infant and junior school.

Total inspections during the year by Medical Officers :—

	1949	1950
Periodic Medical Inspections	4,632	4,115
Special Inspections	212	200
Re-inspections	1,806	2,787
Open Air School	2,425	2,407
Clinic Inspections (New Cases)	1,855	2,213
Clinic Re-inspections	2,202	2,367
Special Examinations and Investigations ...	806	763
	<u>13,938</u>	<u>14,852</u>
Parents interviewed in connection with Medical Inspections		938
Cases seen by Ophthalmologists	770	920
Cases seen by Aurist (New Cases)	843	554
Cases seen by Orthopaedic Surgeon	202	228
Cases seen by Consulting Physician (New Cases)	75	40
	<u>1,890</u>	<u>1,742</u>

						1949	1950
Work of School Nurses.							
Dressings at morning clinics	...	...	...	...	...	4,756	7,896
Cleanliness Inspections	...	...	...	...	...	18,964	18,751
Re-inspections	...	...	...	...	...	3,104	4,078
Inspections with Medical Officers							
At School	...	...	...	...	...	6,650	7,102
At Clinics	...	...	...	...	...	4,301	4,580
Refraction cases	...	...	...	...	...	738	876
Open Air School Inspections	...	...	...	...	...	2,425	2,407
Aurist's clinic (Total Attendances)	...	...	...	...	...	1,855	1,316
Home Visits	...	...	...	...	...	281	439
						<hr/> 43,074 <hr/>	<hr/> 47,445 <hr/>

We have continued to examine four age groups at our inspections, entrants, 8 year olds, 11 plus and leavers. The eight year old group is included as "other periodic inspections" and we still do not consider it advisable to abandon this age-group, for reasons given in previous reports.

A fifty per cent. increase in Re-inspections is noted. This again reflects the fact of full staffing making it possible to refer for re-inspection more children deserving of observation between the routine inspections. A new figure is added this year showing the number of parents who attended for interview with the School Medical Officers, either at the medical examination or during the subsequent follow-up.

The number of special examinations of delinquent and other problem children was 90 and 141 others were examined for the purpose of assessing their intelligence.

Findings of Medical Inspections. (Table II, Page 90).

It has been pleasant to note that the standard of general cleanliness seems to have improved up to the age of about 14 years, but it is disappointing to find that many senior children in their last year at school show a marked lack of interest in their personal cleanliness and general appearance. They attend school in untidy and torn clothing with buttons or other fastenings missing and with their hair untidy and in need of a good brushing. This state of affairs may be because parents consider these children too old for the supervision a younger child is known to require. A fourteen year old child of normal intelligence does know how to keep clean and tidy, but there are so many more interesting things to do in the evenings that one often hears the excuse "I hadn't time to wash myself last night because I was home late from the pictures (or football or dancing)". If more parents would realise that their adolescent sons and daughters are still children in many ways, needing constant reminders to practise what they have been taught, the standard of hygiene and sense of personal responsibility would be much improved among these senior school children.

It had been reiterated in these reports that malnutrition because of inability to buy sufficient food is a thing of the past and that such malnutrition as is met with in school medicine is due to other causes such as poor assimilation, badly chosen or prepared meals or faulty food training. We still find many children eating far too much starchy food, which is cheaper and easier to buy than protein or acceptable fats. Moreover the housewife is continually subjected to high-pressure sales propaganda about some types of food and it is not easy, even for those of average intelligence, to resist the influence of modern advertising. Unfortunately, food preparations with the most powerful commercial backing are not necessarily the most nutritious and this applies particularly to the host of proprietary breakfast cereals. Many of these have the great attraction to the busy housewife of needing no preparation or cooking whatever, and it is not unusual to find flabby catarrhal children who are said to eat well but whose daily 'good' breakfast and supper are found to consist of some widely advertised cereal, perhaps with a little milk, perhaps without. The school doctors' suggestions of freshly prepared dishes with protein and vitamin content are of little use against big business advertising and the attraction of foods which can be served "straight out of the packet".

During the past year an increasing number of children in the five and eight-year groups have been found with toes excessively flexed or overlapping and crowded. This seems to be due to the fact that footwear is now so expensive that shoes are worn after the child has outgrown them, and a contributory factor is that small or shrunken socks are worn for the same reasons.

It is becoming obvious that very few new conditions requiring medical treatment are found in the 'leaver' group. This is as it should be, because most defects found in supposedly normal children, such as visual errors, otitis, and postural, nutritional or mental abnormalities will, in any efficient school medical service, have been discovered and dealt with at earlier inspections.

Nutrition. (Table IIB, Page 91).

The percentage of children found to be undernourished was 2.60% compared with 3.56% found in 1949. We still consider that the general nutritional state of our children is improving. Small alterations in the percentage of undernourished children found in schools are not of great importance. The crux of the matter is that the average or 'B' child of today is of noticeably superior physique to the 'B' child of twenty, ten, or even five years ago. Many factors have contributed to this result but the greatest single factor is, in this industrial area, the increased provision of school meals and milk. Of this we have no doubt whatever.

Uncleanliness. (Table III, Page 91).

Again no reduction can be reported in the number of children found with verminous infestation of the head. The only encouraging sign in this side of school medical work is that the severity of the individual infections is much lessened. It is now rare to meet the heavily infested head of hair with lice

running among the crusted sores of impetigo, and enlarged glands palpable on both sides of the neck. The chief problem is the still too large number of children with a light infestation, perhaps a dozen or so nits. Such a head cannot be counted as 'clean' in the nurse's report but curiously, it is often much more difficult to get parents to rid such a head of nits than to persuade them to deal with a worse case. They think "a few nits" are of no importance and that the nurse is making a fuss about nothing. It is of course not justifiable to send such cases to the Cleansing Centre, involving expense and the work of trained staff, when a good mother in a good light could clear up the head in ten minutes with a pair of scissors.

Many parents now make regular use of proprietary preparations containing D.D.T. and this has we think reduced the heaviness of the average infestation. Unfortunately, these preparations cannot remove nits. A harmless solution which dissolved nits would be a boon alike to parents and to the school nursing staff.

CHILDREN TREATED AT CLEANSING CENTRE.						1949	1950
						<hr/>	<hr/>
Verminous heads	...	...	...	...	...	382	321
Scabies referred by clinic	...	...	...	...	...	49	27
Scabies referred by family doctor	...	...	...	...	...	41	5

Minor Ailment Clinic.

The attendances at the minor ailment clinic, which had dropped considerably since the war years, have shown a considerable rise during 1950, the 2,724 individual children having made 7,896 attendances. It is interesting to note that the incidence of scabies, ringworm and impetigo has fallen so low that these skin conditions, especially ringworm, are now almost rarities at the school clinic. For example there was only one case of ringworm and eighteen of impetigo during the past year whereas in former years these two skin infections made up the majority of the attendances. The increase in total attendances is chiefly in the miscellaneous group of minor injuries, sores, chilblains, etc. Since the actual incidence of these conditions can hardly vary as much from year to year as the annual figures would suggest the reason for the larger attendances must be sought elsewhere. The greatly improved accommodation for dressings at the new clinic and the fact that so-called 'free' doctoring from private practitioners is no longer a novelty, are together probably responsible. Our clients of two, three and more years ago have now returned to us. Many of them would get no treatment otherwise as their parents go out to work and see little of the children on weekdays.

Since penicillin preparations improved in keeping qualities and no longer need continual refrigeration, a certain amount of penicillin treatment has been undertaken at the minor ailment clinic. It is of special value in the case of otitis media with threatening abscess formation, when immediate treatment can prevent rupture of the drum and other unpleasant sequelae of the unaborted attack.

Defective Vision and Squint. (Table IV, Group 2, Page 92).

The number of children attending the consultant eye clinics has increased during the year.

	1949	1950
Examinations by Dr. Scott 	396	453
Examinations by Dr. Harry (refractions only) ...	374	467
	<hr/> 770	<hr/> 920

Of these 565 received prescriptions for glasses and 102 were referred to the Manchester Royal Eye Hospital for orthoptic treatment. Nineteen required local treatment for various inflammations, etc., two children required artificial eyes (the same number as last year), four cases of congenital cataract were discovered and one child had a detached retina. The children needing artificial eyes were boys who each had an eye enucleated several years ago because of accident and who periodically need a new false eye because of erosion.

There occurred towards the end of the year a sudden marked and very welcome reduction in the waiting period for the fulfilling of optical prescriptions. The average time between refraction and receipt of glasses is now about a month. We experience difficulty with the careless parent as in other branches of school medicine. Some only take the prescription to an optician when they receive from the school clinic the notice to attend for re-examination, when of course it is expected that the glasses have been worn for some time. There is still a good deal of educational work to be done to convince some parents of the necessity for early attention to visual defects. We have the willing co-operation of most parents, but those who do not believe their child needs glasses can put up an enormous amount of passive resistance by non-attendance at the clinic, delay in obtaining glasses and finally by not seeing that the child wears them. The last is our biggest problem and there is little we seem able to do about it. Teachers are too busy these days to notice whether each child who should be wearing glasses is actually doing so.

The prospect of adding an Orthoptist to the school medical staff early in 1951 affords very great satisfaction. It is extremely difficult for the most conscientious mother, even if she does not go out to work, to take a child regularly to the Manchester Royal Eye Hospital for treatment. It is not an easy journey with a small child, especially in winter and bad weather.

There seems to be a large incidence of squint in this district and it is the impression of our Ophthalmic Surgeon that there is actually more squint here than in other areas where he works. It is disappointing that operative treatment for children cannot as yet be undertaken locally. Our children in need of operation are put on the waiting list at the Manchester Royal Eye Hospital and the waiting period is very long.

We have two blind children in special residential schools.

Ear, Nose and Throat Conditions. (Table IV, Group 3, Page 92).

From the end of February until the middle of October we had only one Aurist's clinic a week, and the number of children due for re-examination began to rise considerably because the one clinic could be filled with new cases. Dr. Dennis, who has experience of E.N.T. work, began to hold clinics for re-examination until Dr. Thompson began his clinics in October. There is now no waiting period and our clinics are running satisfactorily. Unfortunately, there is no reduction in the waiting period for children needing tonsillectomy. Our actual number waiting at the end of the year was less than at the end of 1949, but this was a direct result of fewer children being seen at the clinics. Every effort is made to keep the list 'live' and children are from time to time re-examined to find out whether they have improved without operation, have been operated on privately or have left the district, and to discover any other factor which could cause the waiting list to be artificially inflated.

We have ten deaf and three partially deaf children in residential special schools and one child awaiting admission to such a school.

Several partially deaf children who attended ordinary schools have during the year received their Medresco hearing aids from the Hardman Street Centre in Manchester. We are far from satisfied that these children are getting much actual benefit from their aids. They dislike using them as they are noticeable and cause comment and teasing from their classmates, and since they have had no real training in the use of the aids they are not finding them sufficiently useful to compensate for the more immediate disadvantages. We have only a few of these children, insufficient to justify the provision of a teacher for them. One of them was able to attend for a short time a special class in a nearby town, taught by a peripatetic teacher of the Lancashire County Council. She gained much benefit but the class was disbanded after she had attended for a short time. It has not yet been resumed.

The Missioner to the Rochdale Deaf and Dumb Society is very helpful and has visited these children's homes to try to interest the parents and to train the children in using their aids to the best advantage, but he is, of course, unable to do anything in the schools where the use of the aid is of the greatest importance. Teachers have not time to help in this matter.

	1949	1950
Children attending Consultant Clinics—	—	—
New cases	843	554
Re-examinations	1,012	762
	1,855	1,316
Children admitted to Birch Hill Hospital for removal of tonsils and adenoids	196	188
Children admitted to Birch Hill Hospital for other operative treatment	—	1
Children admitted to Hospital for Penicillin Therapy (acute ear conditions)	3	—
Children referred to Rochdale Infirmary for Penicillin Therapy (acute ear conditions)	22	22

Audiometric Testing.

During the year a good start has been made with hearing tests by the Gramophone Audiometer. The work can only be done when the Nurse is free from her other work and could be much extended if we had a larger staff. No children under eight years of age have been tested since below this age the proportion of unsatisfactory tests is high and we think it a better use of time to concentrate on the older children. Backward children are of course difficult to test by this method, and spoil their sheets.

The actual testing is simple and quick to do in school, the only real problem being that of external noise, and it is noise which makes most re-tests necessary. Teachers have been very co-operative in making their most suitable room available for testing and in arranging group attendances. The assessment of the results obtained is the time-consuming and tedious part of the work.

SCHOOLS TESTED DURING 1950.

	Number tested	Re-tested Satis- factory	Unsatis- factory
Brimrod	397	4	—
Castleton	162	3	—
Parish Church	97	1	—
St. Mary's, Wardleworth ...	40	—	—
Townhead	65	11	—
Special cases referred from			
Medical Inspection	16	—	16
Special cases referred from			
Rochdale Infirmary	1	—	—
	<hr/> 778	<hr/> 19	<hr/> 16

Thirty-five children whose first test gave an unsatisfactory result were re-tested. In nineteen cases the second test showed satisfactory hearing and the other sixteen were referred to the Clinic for further investigation. In several cases all that could be found wrong was an accumulation of wax in the ears, or the nasal catarrh which remains the most frequent infection met with in Rochdale school children. General advice and treatment were given in all cases.

Put under observation after examination and treatment	5
Referred to Manchester for Pure-tone Audiometry	2
To be so referred after Tonsillectomy	2
Supplied with hearing aid	1
Left school (to work)	3
Deceased (road accident)... ..	1
Left town	2
	<hr/> 16

The unfailing courtesy and kindness of Professor Ewing at the Department for the Education of the Deaf at Manchester University, in making detailed examinations of our partially deaf children is very much appreciated by this Department. We consider ourselves fortunate to be within reach of such facilities.

Orthopaedic and Postural Defects. (Table IV, Group 4, Page 93).

During 1950, 228 new cases were referred to Mr. Gracie at the Hospital Management Committee's Orthopaedic Clinic in Smith Street. Of these, 189 were found to need treatment by exercises, alteration of shoes, strapping of toes, etc., and 39 were referred back to us as not needing treatment. Those requiring operative treatment are admitted to the Rochdale Children's Orthopaedic Hospital.

The children were referred for a large variety of conditions as follows :—

Kyphosis and Scoliosis	...	...	...	...	20
Other postural defects	...	...	...	...	19
Valgoid Ankles	...	...	...	...	22
Flatfoot	...	...	...	...	39
Other foot deformities	...	...	...	...	11
Toe deformities	...	...	...	...	41
Knock knee	...	...	...	...	12
Old cases of Poliomyelitis	...	...	...	...	2
Spastic Paraplegia, etc.	...	...	...	...	3
Miscellaneous	...	...	...	...	20
					<hr/>
					189
Found not to need treatment	...	...	...	...	39
					<hr/>
					228
					<hr/>

Twenty-five years ago most deformities met with here were the result of rickets. As these bow legs and allied conditions gradually disappeared among children because of improved nutrition and better dissemination of health education, the chief orthopaedic defects in school children came to be kyphosis, scoliosis and other postural abnormalities. Probably these did not actually increase in number but the school doctor's standards became higher and he and the orthopaedic clinic began to have time to deal with these comparatively trivial conditions.

Further improvements in nutrition, housing and general child care have now caused a large drop in the number of these spinal deformities and their place has been taken by abnormal foot conditions of various kinds. This is a real increase, for which the reasons are briefly discussed under the heading "Findings of Medical Inspection". The number of chiropodists in practice is a testimony to the number of people with inefficient feet and in addition there is a vast number of people with 'bad feet' who put up with their afflictions

without seeking professional advice. The examination of a group of middle aged women will show very few 'normal' feet; in fact corns, bunions, callosities and the like seem to be as much taken for granted as the need for false teeth and spectacles.

Children referred to the Medical Consultant.

Forty children have been referred to the medical clinic at Smith Street for examination by Dr. Taylor: those needing in-patient treatment are admitted to Lake View Continuation Hospital by him. The children were classified as follows :--

Asthma	...	...	...	...	...	...	...	10
Coeliac disease	...	...	...	...	...	...	...	1
Cardiac diseases	...	...	...	...	...	...	...	2
Debility	...	...	...	...	...	...	...	5
Obesity	...	...	...	...	...	...	...	2
Tuberculosis	...	...	...	...	...	...	...	3
Post-chorea	...	...	...	...	...	...	...	1
Cases for investigation and diagnosis								
Heart conditions	...	...	...	...	...	...	...	4
Chest conditions	...	...	...	...	...	...	...	2
Rheumatism	...	...	...	...	...	...	...	3
Nephritis	...	...	...	...	...	...	...	2
Nervous symptoms	...	...	...	...	...	...	...	2
Megacolon	...	...	...	...	...	...	...	1
Vaso-vagal attacks	...	...	...	...	...	...	...	1
Hyperthyroidism	...	...	...	...	...	...	...	1
								40

Child Guidance and Speech Therapy.

We have again not been able to make any arrangements locally for child guidance or speech therapy. A few children have received speech therapy in other districts and a few of the children seen and treated by Dr. Taylor at the Smith Street clinic and at Lake View are those who would have been referred to a Child Guidance Clinic if we had one.

Dental Inspection and Treatment. (Table V, Page 94). Report of H. P. Gledsdale, L.D.S., Senior Dental Officer.

During the year 38 School Departments were visited for routine dental inspection, 7,104 children being examined and 4,361 referred for treatment. An additional 1,417 attending for treatment as 'Specials' were also inspected.

3,730 children received treatment and made 4,651 attendances for various operations, including the extraction of 165 permanent and 2,973 temporary teeth. 3,500 teeth were conserved.

The lack of one Assistant Dental Officer has again restricted the work done and one of the Attendants left in May, still further depleting the staff. In general the year's work compares very favourably with the average for the country, but it is impossible to reduce arrears.

The demands made upon the service do not diminish in any way and 17% more children were referred for treatment from the routine inspections than last year. There is, unfortunately, an increase in dental caries in the younger age groups and in some schools the five year olds are decidedly poor in this respect. The general diet is lacking in essentials and high in carbohydrates, and the main food intake of many of these children, whilst probably adequate in its calorie content, is supplied in a form which eliminates jaw exercise and the cleansing action of fibrous foods. Oral hygiene is poor and whilst the high cost of cleaning materials is a possible deterrent it is difficult to see how good habits can be instilled by parents who rush their children off first thing in the morning to someone else's care and who only see the children again for a hurried hour of family meals before what should be their bed-time. Far too many sweets are consumed and these are mainly of the deleterious caramel or boiled type.

The older age groups do not show any marked increase in dental caries and there is evidence of better oral hygiene amongst some of the girls. Considerable interest is shown in the correction of irregularities in the dentition and since many of these irregularities are the result of the premature loss of temporary teeth, it is a pity that more interest is not shown by parents in the care and preservation of these.

The number of cases attending as 'Specials' for the relief of toothache decreased by 61, but is still too high. There is little chance of any marked reduction in this figure until it is possible to undertake more routine treatment.

The Clinic serving the central area was transferred from Baillie Street to Penn Street in June.

					Inspection	Treatment	Total
					<hr/>	<hr/>	<hr/>
Sessions	...	...	...	...	75	860	935
					<hr/>	<hr/>	<hr/>
					Routine	Specials	Total
Attendances	...	...	...	...	3,234	1,417	4,651
					<hr/>	<hr/>	<hr/>
					Temporary	Permanent	Total
Extractions	...	...	...	...	2,973	165	3,138
Fillings	...	...	...	...	202	3,298	3,500
Other Operations	...	...	...	...	398	1,108	1,506
General Anaesthetics	...	...	...	...	—	316	316

AGE GROUPS INSPECTED.

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
91	258	746	674	718	579	590	563	633	694	573	640	164	105	45	31

Total 7,104, plus 'Specials' (Not age classified) 1,417 = 8,521.

Infectious Disease.

The following cases were notified during the year among school children.

	1949	1950
Scarlet Fever	143	74
Diphtheria	—	2
Measles	331	443
Whooping Cough	75	113
Chicken Pox	61	9
German Measles	—	1
Poliomyelitis	2	1
Tubercular Meningitis	1	—
	<u>613</u>	<u>643</u>

Day Open Air School.

The school has again been full practically every day of term time. At the end of December there were 119 names on the register including three physically handicapped and five maladjusted children. Three boys and three girls left during the year upon attaining school leaving age, one boy returned to the Technical School and one girl to Fleece Street Central School, all much improved in health. Four girls and two boys qualified for Grammar or Technical schools.

Altogether, 63 children were discharged (apart from school leavers and children leaving the district) and 71 new cases were admitted.

DISCHARGES.

	Boys	Girls
Subnormal nutrition	4	4
Debility and anaemia	6	4
Asthma	5	—
Nervous conditions	4	6
Heart conditions	1	2
Glandular tuberculosis (hilar and cervical)	—	4
Tubercular Hip	1	—
Furunculosis	2	—
Maladjustment	2	—
Bronchitis	1	1
Non-tubercular chest conditions	2	1

						Boys	Girls
						<hr/>	<hr/>
Pseudo coxalgia...	...	...	...	...	...	1	—
Nephritis	...	...	...	...	...	1	—
E.N.T. conditions	...	...	...	...	...	1	2
Minor Epilepsy	...	...	...	...	...	1	1
Glandular imbalance	...	...	...	...	...	—	1
Spastic paraplegia	...	...	...	...	...	—	1
Cases for observation	...	...	...	...	...	1	3
						<hr/>	<hr/>
						33	30=63
						<hr/>	<hr/>

ADMISSIONS.

						Boys	Girls
						<hr/>	<hr/>
Subnormal nutrition	...	...	...	...	...	11	10
Debility and anaemia	...	...	...	...	...	2	11
Asthma	...	...	...	...	...	3	5
Nervous conditions	...	...	...	...	...	1	2
Heart conditions	...	...	...	...	...	2	1
Glandular tuberculosis (hilar and cervical)	...	...	...	...	...	3	6
Tubercular knee	...	...	...	...	...	1	—
Bronchitis	...	...	...	...	...	1	2
Incipient bronchiectasis	...	...	...	...	...	1	—
E.N.T. conditions	...	...	...	...	...	1	—
Skin conditions	...	...	...	...	...	—	2
Allergic rhinorrhoea	...	...	...	...	...	—	1
Undiagnosed cases for observation	...	...	...	...	...	3	2
						<hr/>	<hr/>
						29	42=71
						<hr/>	<hr/>

Two of the three children admitted with heart affections were suffering from congenital malformations of the heart. Seventeen of the total admissions were recommended for the Open Air School by various doctors in the town and the rest were found by the school doctors in the schools or at the clinic. When a child is not thriving and no reason can be found for this he is usually referred to Dr. Taylor at the Smith Street clinic for examination and advice. One child, a boy, was sent to the Children's Convalescent Home, West Kirby, on 6th January, 1950. He remained there until January, 1951 when he was discharged, fit to attend an ordinary school.

The children admitted for observation showed the following symptoms:—

1. Boy aged 12 years with a cough and a tubercular family history, recommended to Open Air School by the Chest Physician. The boy also had defective eyesight. He gained weight well and continues to improve in general condition.

2. Boy aged 12 years, said by his mother to be nervous, backward, quarrelsome and incontinent and bullied by elder sister. He has gained weight and has settled well at the school, the incontinence has never troubled him, and he has altogether much more confidence in himself. Still backward educationally.
3. Boy aged 11 years, with a long history of urticaria and vague abdominal pains. Mother very overanxious. This boy has improved a little but still suffers from occasional urticaria and is very pallid. He is not a good mixer with the other children.
4. Girl aged 10 years, said to be losing weight and suspected to have cystitis. She had been adopted by a maternal aunt during the mother's prolonged "absence from home". No signs of cystitis were found, she improved very much in general condition and was discharged to her own school after ten months.
5. Girl aged 8 years, who still suffered from recurrent blepharitis after spending five months in the Memorial Home, because of her poor general condition. Her general condition has continued to improve but the local eye condition seems intractable and still recurs after twelve months.

Educationally Subnormal Children.—High Birch Special School.

It was reported last year that classes for a few subnormal children had been started in the house at High Birch while the building of the new school was in progress. A Head Master, Mr. Street, was appointed on May 1st and the number of children attending the school has been gradually increased. The new school, after many delays, was finally completed and the children moved in on November 13th. Since then the staffing and the admission of children has been accelerated, but it will be some time before the school is full because selection by ascertainment is a slow process.

The new school of 100 places is a fine building with excellent classrooms, ample cloakroom accommodation, showers, an assembly hall also used as a gymnasium, staffrooms, medical room, etc. Handicrafts and domestic science are taught in buildings adapted from the former very fine stables, a little distance from the main school building.

The school hours are from 9-30 a.m. to 3-30 p.m. and all pupils have dinner at school. High Birch House remains in use for these meals, and for recreation rooms and storage.

A great deal of work has been done in ascertaining educationally subnormal children during the year. Only those children certified by a School Medical Officer as in need of special education can be admitted and, since only one of the Assistant School Medical Officers is approved by the Minister of Education for ascertainment, the greater part of her time is at present spent in doing this work.

Fortunately, the new Form (2 H.P.) makes it possible for the responsibility for the various parts of the work to be divided. Part I is normally completed by a School Nurse who pays the necessary home visits and obtains the family history. Mr. Edwards, Educational Psychologist to the Authority, carries out the mental testing required for completion of Part II. The Medical Officer considers these reports, together with that of the child's head teacher on Form 3 H.P., and then examines the child herself, filling up and signing Part III if she finally decides the child is educationally subnormal.

Often several home visits and several doctor's examinations are necessary before the final signature of the Ascertaining Officer. Most of these backward children are born of backward parents. Many are unstable and unreliable and are born of parents whose instability and unreliability are very marked. Most of the children attending High Birch are from homes where both parents are out at work all day, and sometimes the nurse has to pay half a dozen visits or more, in the evenings, on Sundays and by special arrangement, before she can get the information she requires. Details of medical and other history are given in wildly varying versions. Appointments are broken in the most light-hearted manner and for the most trivial reasons. Parents and children mistake the date, miss each other en route for the Clinic, fail to find it in spite of careful instructions, or, having no idea that the time mattered, turn up two hours or more late. Since the final examination by the medical officer takes up the greater part of a morning or an afternoon for each case, this work is the most time-consuming and can be the most exasperating of all school medical work.

Only a minority of our educationally subnormal children come from really good homes. In other cases the home visits shows that scholastic backwardness is but part of a general social inefficiency, manifested by personal uncleanness and untidiness, improvidence and extravagance, idleness and lack of care for the home. Many High Birch children live in municipal housing estates, having been rehoused from poor property. Where there are several workers the family income may be large, although the appearance of the child and its home would not suggest it.

It is sometimes difficult to convince parents that their children really are backward or that this matters. One meets examples of astonishing ignorance concerning children's abilities. One mother recently interviewed had no idea her youngest child, aged $12\frac{1}{2}$ years, could not write his own name. She and her three daughters all worked "in the cotton" and the family income was large. Nobody in the house did any reading so nobody knew that the boy could not read.

The children themselves are often perfectly aware of their own poor educational capacity and this sometimes discourages them very much at school where there is no opportunity in a large class for individual tuition. For many years now it has not been educational policy to permit a backward child to do other than move up in the school with his age-group. Inability to read is the most frequent problem met with and the most serious since so many other lessons

are based on the supposition that the eleven-plus child can actually read. Inability to read very much restricts a child's vocabulary and this restriction cramps a child's conversational powers considerably. Such a child is often reluctant to talk and prefers to answer questions monosyllabically, the chief monosyllable being 'No'. Even in the short time that High Birch has been open it has become obvious that such children gain self-confidence and become much happier when they find themselves asked to do only such work as is within their power.

The social training of these children is just as important as formal teaching, if not more so. Coming as many of them do from unsatisfactory homes, they need instruction in such elementary matters as personal responsibility for cleanliness, a knowledge of simple hygiene, pride in appearance, the way to behave in a 'bus or at the swimming bath, in other words, how to act in public without looking like an educationally subnormal person. It is too soon to say what will be the permanent effect on these children, but if any of them become less noticeably social misfits than they are on admission, this surely will have been educational and preventive work of a high order.

Already it is becoming obvious that the progress, particularly social, of certain of the pupils could be accelerated greatly if the children lived on the premises. In the case of those with the less co-operative type of parent, what is learnt in the six hours the child is at school is largely forgotten during the rest of the day and night. It is earnestly to be hoped that the long-term plan for this school, which includes a proportion of residential places, will not be too long delayed in completion.

Children Reported to Local Authority for Mental Deficiency.

During 1950, twelve children were examined by the Approved medical officer and found to be ineducable. The Education Committee reported these children to the Local Authority under Section 57, subsection 3 of the Education Act, 1944.

In addition thirteen children who had attained school leaving age were reported to the Authority under subsection 5 as requiring statutory supervision after leaving school.

Provision of Meals.

During 1950 the buildings mentioned below were completed and brought into use :—

School	Provision
Spotland	—Kitchen and Dining Room—375 meals (two sittings).
Lowerplace	—Dining Room and Scullery—375 meals (two sittings).

There are now 47 canteens in use for school meals purposes and the Authority has a producing capacity of approximately 6,900 meals per day. By December 1950, 65 women supervisors and assistants were employed in school canteens.

During 1950, 35,177 free meals were supplied (27,892 in 1946 ; 25,358 in 1947 ; 42,730 in 1948 ; 42,191 in 1949). The number of children's dinners for which payment was made was 855,399 (644,220 in 1946 ; 736,321 in 1947 ; 853,818 in 1948 ; 812,055 in 1949). These figures do not include meals supplied to pupils at the Open Air School or at the Nursery Schools.

We have been without the services of a School Meals Organiser during the year.

Conditions vary considerably at the different canteens. Not only is the actual food better, but the service, discipline and general order are of a much higher standard at some centres than at others. The food is, as one would expect, very much better at those canteens where it is cooked and prepared on the premises. Transport of cooked food reduces its palatability and its heat, and limits the variety which can be offered. Intelligent and conscientious canteen staff with a real interest in their work can do wonders with a crowd of hungry and unruly children and their work is, of course, much easier when the children's own teachers similarly take an interest in the meals service.

Co-operation with Voluntary Bodies.

1. National Society for the Prevention of Cruelty to Children.

Inspector Mitchell reports as follows :—

During 1950 seven cases were reported to us, affecting the lives of 29 children. These were all cases of general neglect, the children being sent to school verminous, dirty or poorly clad.

Investigation of these children's homes disclosed dirty and unhealthy conditions, some far below the standards which are considered desirable in a home for a child. Four of the cases reported are still under supervision, as conditions have not sufficiently improved, but in the other cases the parents have responded more readily to warnings and advice.

During the year it was found necessary to take Court proceedings against a parent where seven children were concerned, this being an old case reported by the Education Authority the previous year. In this case the School Medical Officers helped the Society in its work by kindly agreeing to examine the children in their own home and by attending Court to give evidence for the Society, with the result that the mother was placed on probation for two years and the children committed to the care of the Local Authority.

Also during the year the Medical Officers further assisted the Society by examining and giving information in five other cases which were under investigation and where the well-being of twelve children was concerned.

In concluding this report I would say that in spite of the help that is being given to parents by the State and by Local Authorities, there is still much need for the work of this Society aided by the School Medical staff and I trust that we can continue working together as we have done in the past for the benefit of those children whose parents are neglectful of and indifferent to the good health and happiness of their children.

(signed) J. MITCHELL

Inspector.

2. The St. Anne's Convalescent Home and the Moorland Home.

The St. Anne's Convalescent Home and the Moorland Home have again given much help to children needing a holiday. Children going to the Moorland Home are all medically examined at the school clinic before being accepted by the Committee as suitable, and the number so examined during 1950 was 151.

3. Children Neglected or Ill-treated in their own Homes.

On the 1st November, there was held the first meeting of the Committee, newly-formed under the chairmanship of the Medical Officer of Health and School Medical Officer, to consider the problem of the child neglected in his own home. The meetings which are held once a month are attended by a member of the school medical or nursing staff. The large amount of information which becomes available at these meetings of representatives of various social services and voluntary organisations, is extremely helpful to this Department.

Employment of Children and Young Persons.

The number of school children medically examined prior to registration for part-time work was 226 during 1950. Also 67 children dancing in stage shows attended the school clinic for examination.

Other Medical Examinations.

The medical officers examined 88 persons in connection with the Corporation Sickness Scheme and the requirements of the Local Government Superannuation Act, 1937. Of these sixteen were part-time workers.

Diphtheria Immunisation.

The usual practice of visiting one half of the schools in the Spring and the other half in the Autumn was continued. In addition, the Saturday morning Clinic at Penn Street remained open for School children as well as for their younger brothers and sisters.

During the year 432 children of school age received a full course of immunisation and 908 children, previously immunised, received a reinforcing injection. This shows a definite decrease in the number of fresh immunisations as compared with 1949, in which year 820 children of school age received their first course. On the other hand, the figures of courses of reinforcing immunisation given in early childhood have risen from 571 in 1947 to 866 in 1949 and now to 908 in 1950.

Nursery Schools and Meanwood Nursery Class.

During the year 767 medical inspections were made at the Nursery Schools. Cases needing special treatment and cases of sub-standard nutrition were frequently re-inspected.

The standard of nutrition amongst the children was quite good, there being only 1.5% in the 'poor' nutrition category.

Of the 767 children inspected, 294 (38.3%) were classified as of 'good' nutrition, 461 (60.1%) were of average nutrition and 12 (1.6%) were of poor nutrition.

There were 146 cases referred for special treatment for the following reasons :—

Tonsils, Adenoids and Nasal Catarrh	...	...	...	...	...	30
Ear defects (Otitis Media)	...	...	...	...	...	3
Eye defects (Squint, Blepharitis, Conjunctivitis)	...	...	...	...	...	13
Orthopaedic defects	...	...	...	...	...	38
Dental Caries	...	...	...	...	...	37
Medical disorders (Heart murmurs for assessment, Bronchitis, Anaemia, Poor nutrition, Skin conditions)	...	...	...	...	...	22
Surgical disorders (Hernia, Tongue Tie, Urological)	...	...	...	...	...	3

Enlarged Tonsils and Adenoids, and Nasal Catarrh, still constitute the predominant defects amongst the children in the Nursery Schools and most markedly so amongst those attending South Street and Howard Street Nurseries. Fewer cases, however, required Specialist treatment during the year, (30 as compared with 51 last year).

Orthopaedic defects, though seemingly high in number, were not serious defects in that only very minor adjustments were required for correction.

The Health Visitors made 4,170 examinations during the year for infestation with nits and vermin. Of these examinations 3,870 showed children's heads to be clean, i.e. 92.8%.

Some mothers are very co-operative with the Superintendents of the Nursery Schools in the general hygiene and the cleanliness of their children's heads, but there are other mothers (persistent offenders) who expect everything to be done for them and are resentful of advice. With these cases the whole burden of keeping their children's heads clean falls on the staff of the Nursery Schools and the prevention of spread of infestation becomes increasingly difficult.

Diphtheria and Whooping Cough immunisations were carried out in all Nursery Schools for new entrants not previously immunised.

Whooping Cough immunisation, since its introduction in October, 1949, seems to be much favoured, as most mothers request this protection for their children.

Cost of Medical and Dental Inspection.

The cost of this Department from 1st April, 1949 to 31st March, 1950 was as follows :—

	£	s.	d.
Salaries	7,712	11	3
Printing, Stationery, Postages and Telephones	430	9	7
Drugs, Materials, Apparatus	947	18	1
Travelling	100	16	4
Rent, Rates	780	0	0
Upkeep of Premises	34	3	1
Fuel, Light and Cleaning	189	12	0
Cleansing of Pupils and Clothing	438	17	6
Conveyance of Children	97	8	3
Other Expenses	230	3	11
Uniforms and Clothing	133	5	1
Services of Educational Psychologist	383	2	6
National Insurance—Employer's Contribution	128	13	9
	<hr/>		
	£11,607	1	4
	<hr/>		

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1950.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups :—

Entrants	...	...	...	...	...	...	1,300
Second Age Group (11 +)	...	...	...	...	...	...	924
Third Age Group (Leavers)	...	...	...	...	...	...	865
Total							3,089

Number of other Periodic Inspections	1,026
(8 yrs. old and others)						

Grand Total	...	4,115
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B.—OTHER INSPECTIONS.

Number of Special Inspections	200
Number of Re-Inspections	2,787
Total						2,987

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	10	151	159
Second Age Group ...	96	141	225
Third Age Group ...	60	90	145
Total (prescribed groups)	166	382	529
Other Periodic Inspections	66	151	212
Grand Total	232	533	741

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Re- quiring Treat- ment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Re- quiring Treat- ment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin... ..	32	77	4	20
5	Eyes—a. Vision	232	368	280	420
	b. Squint	37	73	33	66
	c. Other	9	16	5	9
6	Ears—a. Hearing... ..	7	10	7	21
	b. Otitis Media	11	23	11	13
	c. Other	4	10	1	2
7	Nose or Throat	130	545	196	581
8	Speech	8	53	22	71
9	Cervical Glands	3	168	8	108
10	Heart and Circulation	6	37	3	33
11	Lungs	1	47	4	24
12	Developmental—				
	a. Hernia	1	13	—	12
	b. Other	3	38	1	30
13	Orthopaedic—				
	a. Posture	27	126	39	101
	b. Flat foot	52	74	23	37
	c. Other	113	314	53	135
14	Nervous System—				
	a. Epilepsy	1	4	—	7
	b. Other	—	19	3	19
15	Psychological—				
	a. Development	61	74	107	67
	b. Stability	—	11	—	13
16	Other	16	75	13	55

TABLE II.—(continued).

B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Num- ber of Pupils In- spect- ed	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1300	165	12.69	1103	84.84	32	2.46
Second Age Group ...	924	41	4.43	846	91.55	37	4.00
Third Age Group ...	865	41	4.73	812	93.87	12	1.38
Other Periodic Inspections	1026	63	6.14	937	91.32	26	2.53
Total ...	4115	310	7.53	3698	89.86	107	2.60

TABLE III.—Infestation with Vermin.

- (i) Total number of examinations in the schools by school nurses or other authorised persons 18,751
- (ii) Total number of *individual* pupils found to be infested 2,420
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) 2,420
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) 321

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools)

GROUP 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III)

Ringworm— (i) Scalp	...	...	...	...	...	...	...	0
(ii) Body	...	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	...	27
Impetigo	...	...	...	...	...	...	...	18
Other skin diseases	...	...	...	...	...	...	...	31
Total								<u>77</u>

GROUP 2.—Eye Diseases, Defective Vision and Squint.

External and other, excluding errors of refraction and squint...	...	286
Errors of Refraction (including squint)	...	876
Total		<u>1,162</u>

No. of Pupils for whom spectacles were:—

(a) Prescribed	...	565
(b) Obtained	...	500
Total		<u>1,065</u>

GROUP 3.—Treatment of Defects of Nose and Throat.

Received operative treatment—

(a) for diseases of the ear	...	1
(b) for adenoids and chronic tonsillitis	...	188
(c) for other nose and throat conditions	...	0
Received other forms of treatment	...	786
Total		<u>975</u>

GROUP 4.—Orthopaedic and Postural defects.

(a) No. treated as in-patients in hospitals	...	...	...	...	20
(b) No. treated otherwise e.g. in clinics or out-patient departments	...				392

GROUP 5.—Child Guidance Treatment.

No. of pupils treated under Child Guidance arrangements			0
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GROUP 6.—Speech Therapy.

No. of Pupils treated under Speech Therapy arrangements			1
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GROUP 7.—Other Treatment Given.

(a) Miscellaneous minor ailments...	1,463
(b) Other (specify)						
Septic wounds and ulcers	...	...	...	...	...	403
					Total	1,866

TABLE VI.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Deli- cate (6) Physi- cally Handi- capped		(7) Educa- tionally subnor- mal (8) Malad- justed		(9) Epi- lept- ic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year										
(A) Handicapped Pupils newly placed in special schools or homes	0	0	0	1	72	1	2	1	1	78
(B) Handicapped pupils newly ascertained as requiring education at special schools or boarding in Homes ...	0	0	1	1	50	1	50	16	0	119
On or about Dec. 1st										
(C) Number of Handicapped Pupils from the area ...										
(i) attending special schools										
(a) as day pupils ...	0	0	0	0	116	4	38	0	0	158
(b) as boarding pupils...	2	0	10	3	0	2	10	0	3	30
(ii) Boarded in Homes ...	0	0	0	0	0	0	0	1	0	1
TOTAL (C) ...	2	0	10	3	116	6	48	1	3	189
(D) Number of Handicapped pupils receiving Education under Section 56	0	0	0	0	0	0	0	0	0	0
(E) Number of Handicapped pupils requiring places in special schools or homes but remaining unplaced ...	0	0	0	4	14	0	336	0	0	354

Number of children reported during the Calendar year under Section 57 of the Education Act, 1944, Sub-Section 3—12; Sub-Section 5—13

